4th edition

Your guide to high score in

# SMSE

Saudi Medical Selection Exam

# Index

Praise be to allah who helped us to complete this note in its 4th edition..
First I would like to notify that this is the 4th edition of the original UQU booklet, and any other copies do not belong to us.
I would like to express my special thanks of gratitude to those who helped us in issuing this edition and they are:

Dr.Afnan Qurban — Dr.Alaa Alasiri
Dr.Asmaa Alshammari — Dr.Abdulaziz Basaqr
Dr.Batoul Basalom — Dr.Basem Senan
Dr.Bashair Alzahrani — Dr.Banan Almatrafi
Dr.Bayan Almatrafi — Dr.Budur Althubaiti
Dr.Fatmah Sabbagh — Dr.Hanan Alharthi
Dr.Hamam adnan — Dr.Mashael Almuhlafi
Dr.Maryam Almutiri — Dr.Mahacen Alnadwi
Dr.Rawan Algarni — Dr.Razan Alluhaibi
Dr.Wafaa Bahwaini — Dr.Weaam Alharbi

I am really thankful to those helped us in editing the answers of this edition
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Good luck

# Saudi Medical Selection Exam

* Saudi Medical Selection Exam (SMSE) previously known as Saudi License Exam (SLE): is intended for medical college graduates who wish to join postgraduate education i.e. Saudi Board Programs.
* You can enter this exam three times in each Gregorian year.
* You have the choice to choose the exam center and date.
* This exam is an electronic multiple choice questions exam which consists 100 MCQs as following:

| Specialty | Number of question |
|---|---|
| **General Medicine** | 25 MCQs |
| **General Surgery** | 15 |
| **Pediatrics** | 15 |
| **Family Medicine** | 15 |
| **Obstetrics** | 5 |
| **Gynecology** | 5 |
| **Psychiatry** | 5 |
| **Ophthalmology** | 3 |
| **Otolaryngology (ENT)** | 3 |
| **Dermatology** | 3 |
| **Orthopedics** | 3 |
| **Basic Science** | 3 |

*** The allowed time is 3 hours.**

**<u>* SMSE registration:</u>**

* You need the following documents:
  - → SMSE registration form (which you can find it in the upcoming pages)
  - → Certified copy of your bachelor's degree.
  - → Copy of your identification card.
  - → Receipt of the payment of exam fee: 500 SR for the first trial, 800 SR for the second and third trials.

*** Payment can be either by:**

- → Transfer to the Saudi Commission for Health Specialties (SCFHS) Bank Account in the National Commercial Bank (Al-Ahli). Account number is **205159007001306**
- → Payment through SPAN machines using your bank card in any branch of the SCFHS or any institute affiliated with SCFHS
- → They DON'T accept Cash

* After that you will get a username and password to select your exam date through this link: http://securereg3.prometric.com/ at this point you'll pay 105 $ = 406 SR using a credit card. If you don't have a credit card you can pay through SCFHS or any affiliated institute.

*** Finally, The following statements are rumors don't listen to them :**

→ They said that SCFHS has changed the question bank.

→ The average SMSE grades are 65 - 75 % and if you get this mark you can easily get in any program you want.

→ Don't spread the above mentioned rumors and:

*** Study hard.**

*** Don't worry about the SCFHS question bank you will have repeated questions.**

*** Do your best and get as high grade as you can**

Saudi Commission For Health Specialties

Examinations Department

الهيئة السعودية للتخصصات الصحية

إدارة الامتحانات

# طلب امتحان القبول لبرامج التدريب العليا (الطب والجراحة – طب الأسنان)

# Saudi Medical (SMSE) and Dental (SDSE) Selection Exam Application

| To be filled by the requester | | | | | | | ❖ يكمل هذا الجزء من قبل الممارس |
|---|---|---|---|---|---|---|---|
| الاسم باللغة الانجليزية (حسب الجواز) Name in English (as shown in Passport) | | | | الاسم رباعياً باللغة العربية Name in Arabic | | | |
| First Name | Middle Name | Third Name | Family Name | العائلة | اسم الجد | اسم الأب | الإسم الأول |
| | | | | | | | |

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| Gender: | Female/أنثى ☐ Male/ذكر ☐ | الجنس: | Nationality: | | الجنسية: |
| E-mail: | | البريد الإلكتروني: | ID/Iqama No.: | | رقم الهوية: |
| Other Contact No: | | رقم اتصال آخر: | Mobile No: | | رقم الجوال: |
| Place of Work: | | جهة العمل: | Date of Birth: | | تاريخ الميلاد: |
| Bachelor Degree in the field of: | Dentistry/طب الأسنان ☐ | | Medicine/الطب والجراحة ☐ | | شهادة البكالوريوس في مجال: |
| Year of Graduation: | | سنة التخرج: | University: | | الجامعة: |
| No. of Attempts in 2013: | 3rd/الثالثة ☐ 2nd/الثانية ☐ 1st/الأولى ☐ | | | | عدد المحاولات في عام ٢٠١٣م: |
| Have you ever taken the exam before? | No/لا ☐ Yes/نعم ☐ | | | | هل سبق وقمت بالدخول للامتحان من قبل؟ |
| | Date/التاريخ | | | | توقيع المتقدم للامتحان/Signature |

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| ☐ تم الإبلاغ برقم التسجيل | | ☐ تم التسجيل على الحاسب |
| Data Entry: | | مدخل البيانات: |

❖ **يكمل هذا الطلب ويرفق معه ما يلي :**

١. صورة مصدقة لشهادة البكالوريوس.

٢. صورة واضحة من إثبات الهوية.

٣. رسم تنظيم الامتحان [٥٠٠] ريال سعودي عند المحاولة الأولى و[٨٠٠] ريال عند المحاولة الثانية أو الثالثة في نفس السنة، وطريقة الدفع إما عن طريق الإيداع في حساب الهيئة لدى البنك الأهلي التجاري رقم (٢٠١٥٩٠٠٧٠٠١٣٠٦) أو السداد عن طريق نقاط البيع الموجودة في مقر الهيئة بواسطة الشبكة السعودية أو بطاقات الائتمان فيزا وماستر كارد، وإرفاق قسيمة الإيداع مع المعاملة.

❖ يرسل الطلب ومرفقاته بالبريد إلى الهيئة السعودية للتخصصات الصحية: ص. ب. ٩٤٦٥٦ الرياض ١١٦١٤ أو أحد فروعها .

❖ للاستفسارات عن الامتحان وما يتعلق به يرجى زيارة موقع الهيئة www.scfhs.org.sa أو التواصل معنا على البريد الإلكتروني aziz@scfhs.org أو mfareh@scfhs.org أو الاتصال على ٠١٤٨٠٠٨٠٠ تحويلة ١٣٠٠ .

CHAPTER

1

# Internal Medicine

CHAPTER 1

# Internal Medicine

# Cardiology

A

Section

1. **Old patient presented with abdominal pain, back pain, pulsatile abdomen, what is the step to confirm diagnosis?**
   a) Abdominal US
   b) **Abdominal CT**
   c) Abdominal MRI

- **This is a case of aortic aneurysm, initial investigation US, confirmed by CT.**

2. **How to diagnose DVT:**
   a) Contrast venography
   b) **Duplex US**

3. **Drug that will delay need of surgery in AR:**
   a) Digoxin
   b) Verapamil
   c) **Nifedipine**
   d) Enalopril

- **Nifedipine is the best evidence-based treatment in this indication. ACE inhibitors are particularly useful for hypertensive patients with AR. beta-Adrenoceptor antagonists (beta-blockers) may be indicated to slow the rate of aortic dilatation and delay the need for surgery in patients with AR associated with aortic root disease. Furthermore, they may improve cardiac performance by reducing cardiac volume and LV mass in patients with impaired LV function after AVR for AR.**

4. **Anticoagulants are prescribed for:**
   a) one month
   b) **6 months**
   c) 6 weeks
   d) one year

- **The likely answer is B, but we should pay attention to the patient hemodynamic status and specifically the bleeding potential.**

5. **A patient with left bundle branch block will go for dental procedure , regarding endocarditis prophylaxis:**
   a) **No need**
   b) Before procedure
   c) After the procedure

- **No need for prophylaxis as long as there is no a structural abnormality, prosthetic valves, or previous Hx of endocarditis. Prophylaxis: Amoxicillin 2 Grams PO.**

6. **Which the following is the commonest complication of patients with chronic atrial fibrillation?**
   a) Sudden death
   b) **Cerebrovascular accidents** “due to multiple atrial thrombi”

7. **59 years old presented with new onset supraventricular tachycardia with palpitation, no history of SOB or chest pain, chest examination normal ,oxygen saturation in room air = 98%, no peripheral edema Others normal, the best initial investigation:**
   a) ECG stress test
   b) Pulmonary arteriography
   c) CT scan
   d) **TSH**

**8. In patients with hypertension and diabetes, which antihypertensive agent you want to add first?**

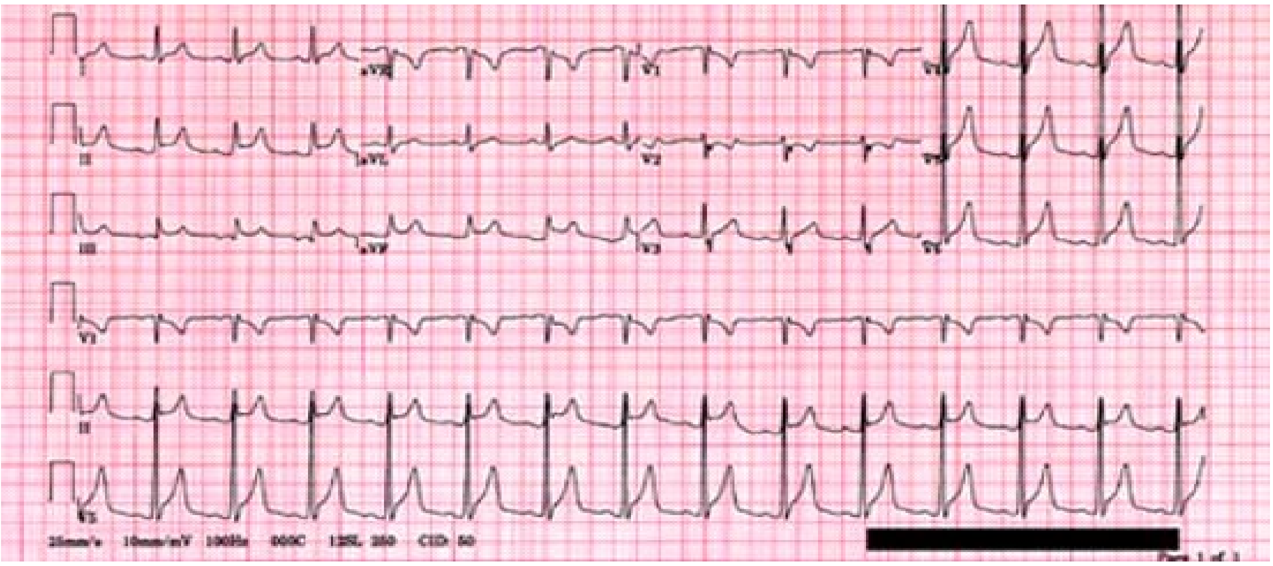
a) β-blockers
b) **ACE inhibitor**
c) α-blocker
d) Calcium channel blocker

- **Diuretics (inexpensive and particularly effective in African-Americans) and β-blockers (beneficial for patients with CAD) have been shown to reduce mortality in uncomplicated hypertension. They are first-line agents unless a co morbid condition requires another medication. (see table)**

| Population | Treatment |
|---|---|
| Diabetes with Proteinuria | ACEIs. |
| CHF | β-blockers, ACEIs, diuretics (including spironolactone). |
| Isolated systolic hypertension | Diuretics preferred; long-acting dihydropyridine calcium channel blockers. |
| MI | β-blockers without intrinsic sympathomimetic activity, ACEIs. |
| Osteoporosis | Thiazide diuretics. |
| BPH | α-antagonists. |

**9. ECG finding of acute pericarditis?**

a) ST segment elevation in all leads
b) **Low-voltage, diffuse ST-segment elevation.**



**10. known case of chronic atrial fibrillation on the warfarin 5 mg came for follow up you find INR 7 but no signs of bleeding, your advice is:**

a) Decrease dose to 2.5 mg
b) **Stop the dose & repeat INR next day**
c) Stop warfarin
d) Continue same and repeat INR

| INR | ACTION |
|---|---|
| >10 | Stop warfarin. Contact patient for examination. MONITOR INR |
| 7-10 | Stop warfarin for 2 days; decrease weekly dosage by 25% or by 1 mg/d for next week (7 mg total) |
| 4.5-7 | Decrease weekly dosage by 15% or by 1 mg/d for 5 days of next week (5 mg total )repeat monitor INR |
| 3-4.5 | Decrease weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total) repeat monitor INR |
| 2-3 | No change. |
| 1.5-2 | Increase weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total) |
| <1.5 | Increase weekly dose by 15% or by 1 mg/d for 5 days of next week (5 mg total) |

**11. Patient is a known case of CAD the best exercise:**
a) Isotonic exercise
b) Isometric exercise
c) **Anaerobic exercise**
d) Yoga

- **anaerobic exercise (endurance) : isotonic like running >>> rise HR more than BP to improve cardiac function**
- **Weight bearing exercise (isometric): isometric like weight lifting, may build muscle strength, bone density >>> cause spike rise in BP and is bad for CAD pts.**
- **stretching exercise : for prevent cramp , stiffness and back pain**

**12. A complication of Sleep apnea is :**
a) **CHF**

- **sleep apnea : Hypoxic pulmonary vasoconstriction PAH Cor Pulmonale CHF**
- **Complication of sleep apnea: sleep apnea increases health risks such as cardiovascular disease, high blood pressure, stroke, diabetes, clinical depression, weight gain and obesity. The most serious consequence of untreated obstructive sleep apnea is to the heart. In severe and prolonged cases, there are increases in pulmonary pressures that are transmitted to the right side of the heart. This can result in a severe form of congestive heart failure (cor pulmonale)**

**13. Which of the following medication if taken need to take the patient immediately to the hospital:**
a) Penicillin
b) Diphenhydramine
c) OCPs
d) **Quinine or quinidine**

- **Quinidine is antiarrhythmic medication.**

**14. What is true about alpha blocker:**
a) Causes hypertension.
b) Worsen benign prostatic hyperplasia.
c) **Cause tachycardia**

- **alpha blocker: cause orthostatic hypotension and tachycardia**

**15. Which of the following drugs increases the survival in patients with heart failure :**
a) Beta blocker.
b) **ACE inhibitors** ( increase survival and decrease the mortality )
c) Digoxin
d) Nitrites.

- **New updated information. As ACE inhibitors inhibit aldosterone which if present in high concentrations causes modification of the cardiac myocytes in the long term.**

**16. Which of the following is the recommended diet to prevent IHD?**
a) Decrease the intake of meat and dairy
b) Decrease the meat and bread
c) **Increase the intake of fruit and vegetables**

**17. Elderly patient presented by SOB, rales in auscultation, high JVP, +2 lower limb edema ,what is the main pathophysiology?**

a) Left ventricular dilatation.
b) Right ventricular dilatation.
c) Aortic regurgitation.
d) Tricuspidregurgitation.

- **Difficult question. Here we have both symptoms of Left ventricular failure (SOB, Rales) &right ventricular failure (High JVP & LL edema). So, more commonly left ventricular failure leads to right ventricular failure due to overload and not vice versa. So the most correct is Left ventricular dilatation**

**18. IV drug abuser was presented by fever, arthralgia and conjunctival hemorrhage, what is the diagnosis?**

a) Bacterial endocarditis

**19. Arterial injury is characterized by:**

a) Dark in color and steady
b) Dark in color and spurting
c) Bright red and steady
d) Bright red and spurting

**20. A patient had fatigue while walking last night. He is on Atorvastatin for 8 months, Ciprofloxacin, Dialtizem and alphaco, the cause of his fatigue is:**

a) Dialtizem and Atrovastatin
b) Atorvastatin and Ciprofloxacin
c) Atorvastatin and Alphaco

- **Statines cause myopathy, quinolones cause tendonitis**

**21. All of the following are risk factors for heart disease except:**

a) High HDL
b) Male
c) Obesity

**22. True about systolic hypertension**

a) could be caused by mitral regurge
b) More serious than diastolic hypertension
c) Systolic > 140 and diastolic < 90 (isolated)

**23. Patient with continuous Murmur:**

a) PDA
b) Coarctation of Aorta

**24. Patient has high Blood Pressure on multiple visits, so he was diagnosed with hypertension, what is the Pathophysiology?**

a) Increase peripheral resistance
b) increased salt and water retention
c) fibrinoid necrosis of the vessel walls.

**25. Drug of choice for supraventricular tachycardia is :**

a) Adenosine

**26. Which of the following pulse character goes with the disease?**

a) Collapsing pulse → severe anemia
b) Pulsus alternas → premature ventricle complex
c) Slow rising pulse → Mitral stenosis
d) Pulsus bisfernes → Mitral regurgitation
e) Pulsus paradoxus → aortic stenosis

| Pulse | Definition | Causes |
|---|---|---|
| Collapsing pulse | Pulse with fast upstroke and fast downstroke | Severe anemia, AR & thyrotoxicosis |
| Pulsus alternans | Alternans weak and strong pulse | Left ventricle dysfunction |
| Pulsus paradoxus | Decline systolic more than 10 during inspiration | Cardiac tamponade, Asthma & COPD |
| Pulsus parvus et tardus | Weak and delayed pulse | Aortic stenosis |
| Slow rising pulse | Slow upstroke pulse | Aortic stenosis |
| Pulsus bisferiens | characterized by two strong systolic peaks separated by a midsystolic dip | Aortic regure & aortic stenosis |

**27. An old patient presents with history of dizziness & falling down 1 day ago accompanied by history of epigastric discomfort. He has very high tachycardia "around 130-140" and BP 100/60. What is the diagnosis?**

a) Peptic ulcer
b) GERD
c) Leaking aortic aneurysm

**28. Patient with orthostatic hypotension, What's the mechanism?**

a) Decrease intravascular volume
b) Decrease intracellular volume
c) Decrease interstitial volume

**29. Case of sudden death in athlete is:**

a) Hypertrophicobstructive cardiomyopathy (HOCM)

**30. Which of the following antihypertensive drugs is contraindicated for an uncontrolled diabetic patient?**

a) Hydrochlorothiazide
b) Losartan
c) hydralszine
d) spironolactone

**31. Hypertensive patient with liver cirrhosis, lower limb edema and ascites. What to use?**

a) Hydrochlorothiazide
b) Hydralazine
c) Something

**32. 69 years old non diabetic with mild hypertension and no history of coronary heart disease, the best drug in treatment is:**

a) Thiazide
b) ACEI
c) ARB
d) CCB

**33. Which of the following decrease mortality after MI?**

a) **Metoprolol**
b) Nitroglycerine
c) Thiazide
d) Morphine

**34. Male patient with HTN on medication, well controlled, the patient is using garlic water and he is convinced that it is the reason for BP control, what you'll do as his physician:**

a) **Tell him to continue using it**
b) To stop the medication and continue using it
c) Tell him that he is ignorant
d) To stop using garlic water

**35. Patient with rheumatic fever after untreated strep infection after many years presented with Mitral regurge, the cause of massive regurge is dilatation of:**

a) Right atrium
b) Right ventricle
c) Left atrium
d) **Left ventricle**

**36. Regarding MI all true except:**

a) Unstable angina, longer duration of pain and can occur even at rest.
b) Stable angina, shorter duration and occur with excretion
c) **There should be Q wave in MI**
d) Even if there is very painful unstable angina the cardiac enzymes will be normal

**37. Asystole in adult**

a) **Adrenaline**
b) Atropine

- **Asystol has only 2 drugs epinephrine & vasopressin**

**38. Classic Scenario of stroke on diabetic and hypertensive patient. What is the pathophysiology of stroke:**

a) **Atherosclerosis**
b) Aneurism

**39. Middle aged patient with acyanotic congenital heart disease, the X-ray shows ventricle enlargement and pulmonary hypertension**

a) **VSD**
b) ASD
c) Trancus arteriosus
d) Pulmonary stenosis

**40. Middle aged acyanotic male with CXR showing increase lung marking & enlarged pulmonary artery shadow, what is the most likely diagnosis?**

a) VSD
b) Aorta Coarctation
c) Pulmonary stenosis
d) **ASD**
e) Truncus arteriosus

**41. Most common cause of secondary hypertension in female adolescent is:**

a) Cushing syndrome
b) Hyperthyroidism
c) **Renal disease**
d) Essential HTN
e) Polycystic ovary disease

**42. Commonest cause of 2ry HTN:**

a) Pheochromocytoma
b) Cushing's disease
c) Renal artery stenosis
d) **Renal parenchymal disease**

- **According to the age group; in pediatrics up to 18 years old it is renal parenchymal disease, in young adults it is thyroid diseases, in middle age adults it is aldosteronism, and in old adults > 65 it is atherosclerosis.**

**43. Medical student had RTA systolic pressure is 70 mmhg, what you will do next in management:**

a) **IV fluid therapy**
b) ECG
c) Abdominal U/S

**44. A 55 years old complain of dyspnea, PND with past history of mitral valve disease, the diagnosis is**

a) **Left side heart faliure**
b) Right side heart faliure
c) pnemothrax
d) PE

- **The symptoms suggestive of left side HF**

**45. What is the first sign of Left Side Heart Failure?**

a) Orthopnea
b) **Dyspnea on exertion**
c) Pedal edema
d) PND
e) Chest pain

- **Fluid build up in the lungs is the first sign of LSHF**

**46. Oral anticoagulants :**

a) can be given to pregnant during 1st trimester
b) Can be reversed within 6 hours
c) Are enhanced by barbiturates
d) Cannot cross blood brain barrier
e) **None of the above**

- **warfarin should not be given in pregnant lady specially during the 1st and 3rd trimesters, it crosses placenta as well as blood brain barrier, it is usually difficult to reverse warfarin within short time because it has long half-life and it works on vitamin K factors which takes time to reverse , barbiturates decrease the anticoagulant effect of warfarin**

**47. The following are features of rheumatic heart disease except:**

a) Restless involuntary abnormal movement
b) Rashes over trunk and extremities
c) **Short P-R interval on ECG**
d) Migratory arthritis

- **P-R interval cannot be included if carditis is present**
- The Jones criteria require the presence of 2 major or 1 major and 2 minor criteria for the diagnosis of rheumatic fever.
- **The major diagnostic criteria** include carditis, polyarthritis, chorea, subcutaneous nodules, and erythema marginatum.
- **The minor diagnostic criteria** include fever, arthralgia, prolonged PR interval on the ECG, elevated acute phase reactants "ESR", presence of C-reactive protein, and leukocytosis.
- **Additional evidence** of previous group A streptococcal pharyngitis is required to diagnose rheumatic fever. One of the following must be present:
  - Positive throat culture or rapid streptococcal antigen test Elevated or rising streptococcal antibody titer
  - History of previous rheumatic fever or rheumatic heart disease

**48. Middle aged male s involved in RTA, his RR is 30/min, heart sounds are muffled& the JVP is elevated, BP: 80/40 & a bruise over the sternum, what is the diagnosis?**

a) **pericardial tamponade**
b) Pneumothorax
c) pulmonary contusion
d) Hemothorax

- **Cardiac tamponade (influenced by volume and rate of accumulation)**

1) **Beck's triad (jugular venous distention, hypotension and muffled heart sounds)**
2) **Hypotension and tachycardia without elevated jugular venous distension if associated hemorrhage is outside pericardial sac**
3) **Pulsus paradoxus**
4) **Cyanosis**
5) **Varying degrees of consciousness**

**49. Premature ventricular contracture (PVC), all are true except:-**

a) **Use antiarrhythmic post MI improve prognosis "this is not totally true, as class 1 increase mortality"**
b) Use of antiarrhythmic type 1 increase mortality

- **PVCs in young, healthy patients without underlying structural heart disease are usually not associated with any increased rate of mortality**
- **Antiarrhythmic therapy with flecainide and ecainide has been shown to increase mortality**
- **After MI, antiarrhythmic - Despite suppression of ectopy- patients treated with encainide, flecainide, or moricizine had increased rates of sudden death and death from all causes.**
- **Amiodarone maybe an exception, as it had shown to reduce post MI arrythmias and death.**

**50. One of the following is NOT useful in patient with atrial fibrillation and Stroke:**

a) **Aspirin and AF**
b) Warfarin and AF
c) Valvular heart disease can lead to CVA in young patient
d) AF in elderly is predisposing factor

**51. ECG stress test is indicated in the following except:**

a) <u>Routine (yearly) test in asymptomatic patients</u>
b) In high risk jobs
c) 40 year old patient before starting exercise program

- **Indications of stress test are:-**
  1) **Diagnosis of CAD in patients with chest pain that is atypical for myocardial ischemia.**
  2) **Assessment of functional capacity and prognosis of patients with known CAD.**
  3) **Assessment of prognosis and functional capacity of patients with CAD soon after an uncomplicated myocardial infarction (before hospital discharge or early after discharge.**
  4) **Evaluation of patients with symptoms consistent with recurrent, exercise-induced cardiac arrhythmia.**
  5) **Assessment of functional capacity of selected patients with congenital or valvular heart disease.**
  6) **Evaluation of patients with rate-responsive pacemakers.**
  7) **Evaluation of asymptomatic men > 40 years with special occupations (airline pilots, bus drivers, etc)**
  8) **Evaluation of asymptomatic individuals > 40 years with two or more risk factors for CAD.**
  9) **Evaluation of sedentary individuals (men 45 years and women 55 years) with two or more risk factors who plan to enter a vigorous exercise program.**
  10) **Assessment of functional capacity and response to therapy in patients with IHD or heart failure.**
  11) **Monitoring progress and safety in conjunction with rehabilitation after a cardiac event or surgical procedure.**

**52. 35 years old male has SOB, orthopnea, PND, noctouria and lower limbs edema. What's the most common cause of this condition in this patient:**

a) <u>Valvular heart disease</u>
b) UTI
c) Coronary artery disease
d) Chronic HTN

- **Most common cause of Systolic heart failure is CAD and of diastloic heart failure is HTN.**

**53. 5 days after MI, the patient developed SOB and crackles in both lungs. Most likely cause is:**

a) Pulmonary embolism
b) <u>Acute mitral regurgitation</u>

**54. DVT for a lady best management?**

a) <u>Bed rest, warfarin and heparin</u>

**55. 70 years old male came with history of leg pain after walking, improved after resting, he notices loss of hair in the shaft of his leg and become shiny;**

a) <u>Chronic limb ischemia</u>
b) DVT

**56. Patient comes to the ER with weak rapid pulse, what is your next step?**

a) Give him 2 breaths
b) Do CPR (2 breaths / 30 compressions)
c) <u>Wait until team of resuscitation group comes</u>

**57. Which of the following medications is considered as HMG-CoA reductase inhibitor?**

a) <u>Simvastatin</u>
b) Fibrate

- **Simvastsin is a hypolipidemic drug used to control elevated cholesterol 'hypercholesterolemia'**

**58. Old patient with HTN & BPH treatment is:**

a) Beta-blocker
b) Phentolamine
c) **Zedosin**

**59. Patient with AMI and multiple PVC , what is your treatment for this arrhythmia :**

a) **Amiadrone**
b) No treatment

**60. One of the signs of severe Hypokalemia is:**

a) P-wave absence
b) Peak T-wave
c) Wide QRS complex
d) **Seizure**

- **Severe hypokalemia is defined as a level less than 2.5 mEq/L.**
- **Severe hypokalemia is not linked with any symptoms, but may cause:**
  1) Myalgia or muscle pain
  2) disturbed heart rhythm including ectopy (disturbance of the electrical conduction system of the heart where beats arise from the wrong part of the heart muscle)
  3) serious arrhythmias (electrical faster or slower than normal)
  4) greater risk of hyponatremia (an electrolyte disturbance in humans when the sodium concentration in theplasma decreases below 135 mmol/L) with confusion and seizures
- **ECG changes in hypokalemia :**
  1) T-wave flattening
  2) U-wave : ( additional wave after the T wave )
  3) ST – segment depression
- **ECG changes in hyperkalemia:**
  1) Peak T wave & Loss of P wave
  2) Wide QRS ( in severe case )
  3) PR prolong ( in severe case )

**61. 31 years old autopsy shows bulky vegetation's on aortic and mitral valves, what is the diagnosis?**

a) **Infective endocarditis**
b) Rh endocarditis

**62. The effectiveness of ventilation during CPR measured by:**

a) **Chest rise**
b) Pulse oximetry
c) Pulse acceleration

**63. One of the following is a manifestation of hypokalemia:**

a) Peaked T wave
b) Wide QRS
c) Absent P wave
d) Seizure
e) **Respiratory acidosis**

**64. 50 years old patient, diagnosed with hypertension, he is used to drink one glass of wine every day, he is also used to get high Na and high K intake, his BMI is 30kg/m, what is the strongest risk factor for having hypertension in this patient?**

a) wine
b) High Na intake
c) high K intake
d) **BMI=30**

- **We should do Echo to decide to give prophylaxis or not**
- **Mitral valve prolapse with vulvar regurgitation and/or thickened leaflets → give**
- **Mitral valve prolapse without vulvar regurgitation → do not give**
- **Endocarditis Prophylaxis Recommended in high and moderate risk patient**
- **High Risk Category Prosthetic cardiac valves, including:**
  1) **bioprosthetic and homograft valves**
  2) **Previous bacterial endocarditis**
  3) **Complex cyanotic congenital heart disease (single ventricle states, TGA, TOF)**
  4) **Surgically constructed systemic-pulmonary shunts or conduits**
- **Moderate Risk Category:**
  1) **Most other congenital cardiac malformations (other than above and below)**
  2) **Acquired valvar dysfunction (e.g. rheumatic heard disease)**
  3) **Hypertrophic cardiomyopathy**
  4) **Mitral valve prolapse with valvar regurgitation and/or thickened leaflets**
- **Endocarditis Prophylaxis Not Recommended Negligible Risk Category:**
  1) **Isolated secundum atrial septal defect**
  2) **Surgical repair of ASD, VSD, or PDA (without residual beyond 6 months)**
  3) **Previous coronary artery bypass graft surgery**
  4) **Mitral valve prolapse without valvar regurgitaion**
  5) **Physiologic, functional, or innocent heart murmurs**
  6) **Previous Kawasaki disease without valvar dysfunction**
  7) **Previous rheumatic fever without valvar dysfunction**
  8) **Cardiac pacemaker (intravascular and epicardial) and implanted defibrillators**

**65. Premature ventricular contraction is due to:**

a) Decrease O2 requirement by the heart
b) Decrease blood supply to the heart
c) **Decrease O2 delivery to the heart**

- **There are many causes of premature ventricular contractions, which include:**
  **1) Heart attack, High blood pressure**
  **2) Cardiomyopathy, including congestive heart failure, Disease of heart valves such as mitral valve prolapse**
  **3) Hypokalemia and hypomagnesaemia**
  **4) Hypoxia for example, hypoxia occurs with lung diseases such as emphysema or COPD**
  **5) Medications such as digoxin, aminophylline, tricyclic antidepressants& ephedrine containing, decongestant**
  **6) Excessive intake of alcohol, excess caffeine intake**
  **7) Stimulant drug use such as cocaine, and amphetamines**
  **8) Myocarditis (heart muscle inflammation) and cardiac contusion (heart muscle injury)**
  **9) Premature ventricular contractions also occur in healthy individuals without heart diseases.**

**66. Cardiac syncope:**

a) Gradual onset
b) **Fast recovery**
c) Neurological sequence after

**67. Patient with hypertrophic subaortic stenosis referred from dentist before doing dental procedure what is true**

a) 50 % risk of endocarditis up to my knowledge
b) 12 % risk of endocarditis
c) **No need for prophylaxis**
d) post procedure antibiotic is enough

**68. Female, narrow QRS, contraindication of Adenosine:**

a) **LHF**
b) Mitral
c) Renal

**69. 15 years old male patient complaining of joint pain & fever for 1 week , difficulty swallowing, liver 1 cm below costal and pancystolic murmur**

a) RHD
b) **Infected endocarditis**

**70. Patient on Digoxin drug, started to visualize bright lights and other signs of visual disturbances. What caused this?**

a) **Digoxin toxicity**

**71. How does the heart get more blood?**

a) Increasing blood pressure
b) Increasing heart rate
c) **Increasing SV**

**72. The best way of treating patient with BP= 130-139/80-85:**

a) **Wight reduction and physical activity**
b) Exercise alone is not enough
c) Smoke cessation
d) Decrease lipid level

**73. Family history of CAD eaten fruit 4, vegetable 4, bread 8, meat 3 and diary 4. What to do ?**

a) **Decrease meat and dairy**

**74. Male patient who is a known case of hypercholesterolemia, BMI: 31, his investigations show high total cholesterol, high LDL & high TG, of these investigations what is the most important risk factor for developing coronary artery disease?**

a) **Elevated LDL**
b) Elevated HDL
c) Low HDL
d) Elevated cholesterol
e) Elevated triglyceride level

**75. Adult with pulseless QRS different shapes:**

a) Cardiac toxicity
b) **LV dysfunction**

**76. Patient was brought by his son. He was pulseless and ECG showed ventricular tachycardia, BP 80/, what is your action?**

a) **3 set shock**
b) One D/C shock (cardioversion)
c) Amiodaron
d) CPR

- **Pulseless VT treated by unsynchronized shock (not cardioversion)and CPR.**
- **The first thing to be given is the shock, then CPR then drugs(epinephrine&amiodaron)**

**77. Angina with decrease ST 1-2 cm < 5 min, what is the diagnosis?**

a) **Ischemia- heart block**

**78. One of the following is a characteristic of syncope (vasovagal attack):**

a) Rapid recover
b) Abrupt onset
c) When turn neck to side
d) **Bradycardia**
e) Neurological deficit

**79. Patient who is a known case of posterior MI presented with syncope. Examination showed canon (a) wave with tachycardia, unreadable BP & wide QRS complexes on ECG. The diagnosis is:**

a) **Atrioventricular reentrant nodal tachycardia**
b) Ventricular tachycardia
c) Pre-existing AV block
d) Anterograde AV block
e) Bundle branch block

**80. Which of the following indicate inferior wall MI (Inferior chest leads) in ECG?**

a) **II, III, AVF**
b) V1,V2,V3
c) V2, V3, V4
d) I, V6
e) I, aVL, VI

**81. ECG shows ST elevation in the following leads V1, 2, 3, 4 & reciprocal changes in leads aVF & 2, what is the diagnosis?**

a) Lateral MI
b) **Anterior MI**
c) Posterior MI

**82. Patient had chest pain and fainting, ECG shows ST elevation and significant Q wave in -V4 and ST depression in inferior leads:**

a) **Ant. MI**
b) Inf. MI
c) Pericarditis
d) Post. MI

**83. Best treatment for a female with migraine and HTN is:**
a) Propranolol

**84. Warfarin is given to all the following except:**
a) Young male with Atrial fibrillation & mitral stenosis
b) Male with AF & cardiomyopathy
c) Male with AF & prosthetic heart valve
d) Elderly male with normal heart

**85. What will increase heart blood flow when increase load on heart?**
a) Dilation of coronary
b) Constrict of aorta
c) Increase HR
d) Increase venous retain

**86. Most common cause of chronic hypertension:**
a) DM
b) Hypertension
c) Interstitial renal disease

**87. All are true about the best position in hearing the murmurs, EXCEPT:**
a) Supine: venous hum
b) Sitting: AR
c) Sitting: pericardial rub
d) supine: innocent outflow obstruction
e) Left lateral in: MS

**88. What is the most risk of antihypertensive drugs on elderly patient?**
a) Hypotension
b) Hypokalemia
c) CNS side effect

**89. Patient come with precordial pain, ECG ST segment elevation, patient given aspirin and nitrate, but no relieve of pain what next step you will do?**
a) Give morphine IV

**90. 60 years old male presented with history of 2 hours chest pain, ECG showed ST elevation on V1-V4 with multiple PVC & ventricular tachycardia. The management is:**
a) Digoxin
b) Lidocaine
c) Plavix & morphine
d) Amiodarone

**91. About ventricular fibrillation:**
a) Can only be treated with synchronized defibrillation
b) The waves are similar in shape, size and pattern
c) Course VF indicates new VF and can be treated with..

**92. Diastolic blowing murmur best heard in the left sternal border increased with squatting**

a) AS
b) **AR**
c) MS
d) MR

- **MS,AS,AR,MR all increased by squatting ,, diastolic is MS at apex & AR at left**

**1) AS**

| | |
|---|---|
| **Description** | Calcification of valve cusps restricts forward flow; forceful ejection from ventricle into systemic circulation. Caused by congenital bicuspid valves, and rheumatic heart disease. |
| **Type & Detection** | Heard over aortic area; ejection sound at second right intercostal border. |
| **Findings on Examination** | Midsystolic murmur, medium pitch, coarse, diamond-shaped, crescendo-decrescendo; radiates down left sternal border (sometimes to apex) and to carotid with palpable thrill. |
| **Heart Sound Components** | $S_1$ normal often followed by ejection click; $S_2$ soft or absent and may not to be split; $S_4$ palpable. |

**2) MS :**

| | |
|---|---|
| **Description** | Narrowed valve restricts forward flow; forceful ejection into ventricles. Often occurs with mitral regurgitation. Caused by rheumatic fever or cardiac infection. |
| **Type & Detection** | Heard with bell at apex, patient in left lateral decubitis. |
| **Findings on Examination** | Low frequency diastolic rumble, more intense in early and late diastole, does not radiate and usually quiet. Palpable thrill at apex in late diastole is common.Visible lift in right parasternal area if right ventricle hypertrophied.<br>Arterial pulse amplitude is decreased. |
| **Heart Sound Components** | $S_1$ increased and often palpable at left sternal border; $S_2$ split often with accented $P_2$; Opening snap follows $P_2$ closely. |

**3) AR**

| | |
|---|---|
| **Description** | Valve incompetence allows backflow from aorta to ventricle. Caused by rheumatic heart disease, endocarditis, aortic diseases (Marfan's syndrome, medial necrosis), syphilis, ankylosing spondylitis, dissection, cardiac trauma. |
| **Type and Detection** | Heard with diaphragm, patient sitting and leaning forward; Austin-Flint murmur heard with bell; ejection click heard in 2nd intercostal space |
| **Findings on Examination** | Early diastolic, high pitch, blowing, often with diamond-shaped midsystolic murmur, sounds often not prominent; duration varies with blood pressure; low-pitched rumbling murmur at apex common (Austin-Flint); early ejection click sometimes present.<br>In left ventricular hypertrophy, prominent prolonged apical impulse down and to left Pulse pressure wide; water-hammeror biferiens pulse common in carotid, brachial, and femoral arteries. |
| **Heart Sound Components** | $S_1$ soft; $S_2$ split may have tambour- like quality; $M_1$ and $A_2$ often intensified; $S_3$-$S_4$ gallop is common. |

**4) MR**

| | |
|---|---|
| **Description** | Valve incompetence allows backflow from ventricle to atrium. Caused by rheumatic fever, myocardial infarction, myxoma |
| **Type & Detection** | Heard best at apex; loudest there, transmitted into left axilla. |
| **Findings on Examination** | Holosystolic, plateau-shaped intensity, high pitch, harsh blowing quality, often quite loud; radiates from apex to base or to left axilla; thrill may be palpable at apex during systole. |
| **Heart Sound Components** | $S_1$ intensity diminished; $S_2$ more intense with $P_2$ often accented; $S_3$ often present; $S_3$-gallop common in late disease. |

**93. A 35 years old woman presented with exertional dyspnea. Precordial examination revealed loud S1 and rumbling mid diastolic murmur at apex. Possible complications of this condition can be all the following EXCEPT:**

a) Atrial fibrillation
b) Systemic embolization
c) **Left ventricular failure**
d) Pulmonary edema
e) Pulmonary hypertension

- **All these are features of mitral stenosis. Atrial fibrillation occurs secondary to left atrial enlargement, the fibrillation increases the risk of thromboembolism. There's more blood in the left atrium, so more is flowing back to the lungs causes pulmonary congestion and edema, when the lung gets congested it tries to protect its self from this excess fluid by constricting the pulmonary arteries, so more constriction is more resistance and therefore pulmonary hypertension results. The left option is left ventricular failure which doesn't occur, on the contrary the LV is very relaxed since less blood is passing through the stenosed valve to the ventricle so the requirements on the LV is less and the stress is less and ejection fraction is normal**

**94. Patient 20 year old comes with palpitations, ECG shows narrow QRS complexes and pulse is 300 bpm what is the true?**

a) **Amiodarone should include in the management**

**95. A patient with sudden cardiac arrest, the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is**

a) Atrial dysfunction
b) **Ventricular dysfunction**
c) Toxic ingestion
d) Metabolic cause

**96. Which of the following is the least likely to cause infective endocarditis:**

a) **ASD**
b) VSD
c) Tetralogy of Fallot
d) PDA

- **50% of all endocarditis occurs on normal valves**
- **Predisposing cardiac lesions:**
  1) **Aortic / mitral valve disease**
  2) **IV drug users in tricuspid valves**
  3) **Coarctation**
  4) **PDA**
  5) **VSD ( Fallot's Tetradincluded )**
  6) **Prosthetic valves**

**97. Sinus tachycardia and atrial flutter, how to differentiate?**

a) Temporal artery message
b) **Carotid artery message**
c) Adenosine IV

**98. How coronary artery disease causes MI?**

a) **Narrowing of the blood vessel**

**99. Female patient with moderate AS had syncope in the gym while she was doing exercise, if the syncope was due to AS, what is the cause?**

a) **systemic hypotension**
b) cardiac arrhythmia

- **Syncope from aortic valve stenosis is usually exertional.**
- **In the setting of heart failure it increases the risk of death. In patients with syncope, the 3 year mortality rate is 50%, if the aortic valve is not replaced.**
- **It is unclear why aortic stenosis causes syncope. One popular theory is that severe AS produces a nearly fixed cardiac output. When the patient exercises, their peripheral vascular resistance will decrease as the blood vesels of the skeletal muscles dilate to allow the muscles to receive more blood to allow them to do more work. This decrease in peripheral vascular resistance is normally compensated for by an increase in the cardiac output. Since patients with severe AS cannot increase their cardiac output, the blood pressure falls and the patient will syncopize due to decreased blood perfusion to the brain.**
- **A second theory as to why syncope may occur in AS is that during exercise, the high pressures generated in the hypertrophied LV cause a vasodepressor response, which causes a secondary peripheral vasodilation that, in turn, causes decreased blood flow to the brain. Indeed, in aortic stenosis, because of the fixed obstruction to bloodflow out from the heart, it may be impossible for the heart to increase its output to offset peripheral vasodilation.**
- **A third mechanism may sometimes be operative. Due to the hypertrophy of the left ventricle in aortic stenosis, including the consequent inability of the coronary arteries to adequately supply blood to the myocardium (see "Angina" below), arrhythmias may develop. These can lead to syncope.**
- **Finally, in calcific aortic stenosis at least, the calcification in and around the aortic valve can progress and extend to involve the electrical conduction system of the heart. If that occurs, the result may be heart block a potentially lethal condition of which syncope may be a symptom**

**100. S3 occur in all of the following EXCEPT:**

a) **Tricuspid regurgitations.**
b) Young athlete.
c) LV failure.
d) Mitral stenosis.

- **Physiological 3rd heart sound is a filling sound that results from rapid diastolic filling as occurs in Healthy young adults, children, Athletes, pregnancy and fever.**
- **Pathological 3rd heart sound is a mid-diastolic sound that results from reduced ventricular compliance and if it's associated with tachycardia, it is called gallop rhythm.**
- **LT ventricular S3 It's louder at apex and expiration.**
- **IT is a Sign of LV failure and may occur in AR, MR, VSD and PDA.**
- **RT ventricular S3 It's louder at left sternal edge and with inspiration. Occurs with RT ventricular failure or constrictive pericarditis.**

**101. Patient present with carotid artery obstruction by 80%, treatment by**

a) **Carotid endarterectomy**
b) surgical bypass

- **If more than 70 % go to surgery**

**102. A patient is a known case of coronary artery disease, presents with its symptoms, to diagnose if that patient has MI or not, by first ECG & cardiac enzyme**

a) **Exercise stress test**
b) Coronary angiography
c) Exercise

**103. Treatment of chronic atrial fibrillation all, EXCEPT:**
a) Cardioversion
b) Digoxin
c) Warfarin

- **When AF is due to an acute precipitating event such as alcohol toxicity, chest infection, hyperthyroidism, the provoking cause should be treated. Strategies for acute management of AF are ventricular rate control or cardioversion (+/- anticagulation).Ventricular control rate is achieved by drugs which block the AV node, while cardioversion is achieved electrically with DC shock.Or medically with anti-arrythmic.**
  **In general, each patient deserves at least one cardioversin trial.**
  **If patient is unstable and presents in shock, severs hypotension, pulmonary edema, or ongoing myocardial ischemia, DC cardioversion is a must. In less unstable patients or those at high risk for emboli due to cardioversion as in mitral stenosis, rate control is adopted (digoxin, b-blocker or verapamil to reduce the ventricular rate.**
  **If it's unsuccessful then cardiovert the patient after anticoagluanting him for 4 wks.**
  **In chronic atrial fibrillation, cardioversion is contra-indicated due to risk of thrombus dislodge**

**104. Treatment of unstable angina include all EXCEPT:**
a) Heparin
b) Nitroglycerin
c) Beta blocker
d) Aspirin
e) All answers are true

- **Hospitalization, Strict bed rest, supplemental oxygen, Sedation with benzodiazepine if there is anxiety, Systolic blood pressure is maintained at 100-120 mmHg and pulse should be lowered to 60/min, Heparin, antiplatelet, nitrates and b-blocker.**

**105. What is the cause of death in Ludwig angina?**
a) Dysrhythmia
b) Asphyxia
c) pneumonia
d) wall rupture

- **sudden asphyxiation is the most common cause of death in Ludwig angina**
- **It is potentially life-threatening cellulitis or connective tissue infection, of the floor of the mouth, usually occurring in adults with concomitant dental infections and if left untreated, may obstruct the airways, necessitating tracheotomy.**

**106. Each of the following murmurs will be elicited by the change of position except:**
a) Innocent murmur by sitting

**107. Old male come with CHF & pulmonary edema, what is the best initial therapy**
a) Digoxin
b) Furosemide
c) Debutamine

**108. Young patient came to ER with dyspnea and productive tinged blood frothy sputum, he is a known case of rheumatic heart disease, AF and his cheeks have dusky rash, what is the diagnosis?**
a) Mitral stenosis
b) CHF
c) Endocarditis

**109. Nitroglycerine cause all of the following, EXCEPT:**

a) Increase coronary blood flow
b) Methemoglobinemia
c) Venous pooling of blood
d) Efficient for 5 min. if taken sublingual.
e) Lowers arterial blood pressure.

- **Nitroglycerine**
  - **T1/2: 1-4 min.**
  - **Dose: 0.3-0.6 mg SL may be repeated Q5min for 15 min for acute attack.**
  - **Action: Increase coronary blood flow, produce vasodilation, decrease LVED vol. (preload), decrease myocardial O2 consumption**
  - **Therapeutic effect:**
    1) **Relief or prevention of angina attack**
    2) **Increase CO**
    3) **Decrease BP.**
  - **A-Z drugs: one of the S/E of Nitroglycerine is Methemoglobinemia.**

**110. Calcium channel blockers as nifedipine, verapamil and diltiazem are extremely useful in all of the following applications except:**

a) Prinzmetal's angina pectoralis
b) Hypertension
c) Atrial tachycardia
d) Ventricular tachycardia
e) Effort angina pectoralis



- **Treatment of ventricular tachycardia depends on patient stability;**
  - **Unstable patients: electrical cardioversion**
  - **Stable patients: amiodarone, lidocaine, procainamide.**

**111. In atrial fibrillation and stroke, all are true , EXCEPT:**

a) Aspirin can be given in AF for prevention of stroke.
b) Warfarin can be given in AF for prevention of stroke.
c) Non valvular AF can cause stroke.

- **According to CHADS2 criteria:**
  - **AF with stroke (1) controversial Warfarin C = recent Congestive heart failure.**
  - **H = Hypertension.**
  - **A = Age>70y**
  - **D = DM.**
  - **S2: = stroke = TIA**
- **Each scores one.**
- **Then: If score = 0 (AF with no one of these) Aspirin If score = 1 Contraversial (anticoagulation issue) If score > 1 Warfarin**

**112. Old man who had stable angina, all of the followings are correct except:**

a) angina will last less than 10 min
b) occur on exertion
c) No enzymes will be elevated
d) Will be associated with loss of consciousness

**113. Coarctation of the aorta is commonly associated with which of the following syndromes:**

a) Down
b) **Turner**
c) Pataue
d) Edward

**114. 70 years old male was brought to the ER with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks ago and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:**

a) Acute arterial thrombosis
b) **Acute arterial embolus**
c) Deep venous thrombosis
d) Ruptures disc at L4-5 with radiating pain
e) Dissecting thoraco-abdominal

**115. Hyperkalemia is characterized by all of the following except:**

a) Nausea and vomiting.
b) Peaked T-waves.
c) Widened QRS complex.
d) **Positive Chvostek sign.**
e) Cardiac arrest in diastole.

- **Hyperkalemia is characterized by tall peaked T-waves, wide QRS complex, and cardiac arrest if untreated, chvostek sign is a sign of hypocalcemia (taping over facial nerve causes facial muscles to twitch).**

**116. The antibiotic prophylaxis for endocarditis is:**

a) **2 g amoxicillin 1 h before procedure**
b) 1 g amoxicillin after procedure
c) 2 g clindamycine 1 h before procedure
d) 1 g clindamycine after procedure

**117. Patient post MI with hemiparesis and drowsy what is the first to do :**

a) **Heparin**

**118. Patient with hypercholesterolemia, he should avoid:**

a) **Organ meat**
b) Avocado
c) Chicken
d) white egg

**119. Difference between unstable and stable angina :**

a) Necrosis of heart muscle
b) **Appears to be independent of activity** “pathophysiology of the atherosclerosis”

**120. Patient had rheumatic episode in the past, He developed mitral stenosis with orifice less than(…mm) (severe stenosis) This will lead to**

a) **Left atrial hypertrophy and dilatation**
b) Left atrial dilatation and decreased pulmonary wedge pressure
c) Right atrial hypertrophy and decreased pulmonary wedge pressure
d) Right atrial hypertrophy and chamber constriction

**121. Patient presented to ER with substernal chest pain. 3 months ago, the patient had complete physical examination, and was normal, ECG normal, only high LDL in which he started low fat diet and medication for it. What is the factor the doctor will take into considerations as a risk factor?**

a) Previous normal physical examination.
b) Previous normal ECG.
c) Previous LDL level.
d) Current LDL level.
e) **Current symptoms.**

**122. A drug that is contraindicated in hypertrophic obstructive cardiomyopathy (HOCM):**

a) **Digoxin**
b) One of b-blocker
c) Alpha blocker

**123. Fick method in determining cardiac output**

a) BP
b) **O2 saturation in blood**

**124. A man who has had MI you will follow the next enzyme**

a) **CPK**
b) ALP
c) AST
d) Amylase

**125. Regarding murmur of mitral stenosis:**

a) Holosystolic
b) Mid systolic
c) **Mid-diastolic rumbling murmur (low pitched)**

**126. What is the correct about unstable angina :**

a) Same drug that use instable angina
b) **Should be treated seriously as it might lead to MI**

- **Fifty percent of people with unstable angina will have evidence of myocardial necrosis based on elevated cardiac serum markers such as Creatine kinase isoenzyme (CK)-MB and troponin T or I, and thus have a diagnosis of non-ST elevation myocardial infarction**

**127. Patient with history of AF + MI, what the best prevention for stroke is?**

a) **Warfarin**
b) Surgery procedure
c) Shunt

**128. Which is the most common condition associated with endocarditis?**

a) VSD
b) ASD
c) PDA
d) **TOF**

**129. RBBB**:

a) Long S wave in lead 1and V6& LONG R in VI
b) **Long S wave in lead V1 & LONG R in V6**

**130. Drug used in treatment of CHF which decrease the mortality**
a) B blocker
b) Verapamil
c) Nitrates
d) Digoxin

**131. A patient is a known case of stable angina for 2 years, came c/o palpitation , Holtis monitor showed 1.2mm ST depression for 1 to 2 minutes in 5-10 minutes wt your Dx**
a) Myocardial ischemia
b) Sinus erythema
c) Normal variant

**132. Patient on Lisinopril C/O cough, what's the drug that has the same action without the side effect?**
a) Losartan

**133. What explains coronary artery disease the best?**
a) No atherosclerosis
b) Fatty deposition with widening of artery
c) Atherosclerosis with widening of artery

**134. A 72 years old carpenter loss one of his family (death due to heart attack) came to you to do some investigations. He is well and fit. He denies any history of chest pain or SOB. O/E everything is normal except mid systolic ejection murmur at left sternal area without radiation to carotid, what is your diagnosis?**
a) aortic stenosis
b) aortic sclerosis
c) Flow murmur
d) Hypertrophic Subaortic Stenosis

**135. A patient comes with chest pain which radiates to the jaw, increases with exercise and decreases with rest, what is the diagnosis?**
a) Unstable angina
b) Stable angina
c) Prenzmetal angina

**136. A patient with sudden SOB, had posterior inferior MI, what is the cause?**
a) Pulmonary embolism
b) Acute MR
c) Acute AS
d) Arrhythmia

**137. A patient with risk factor for developing infective endocarditis. He will undergoa urology surgery. He is sensitive to penicillin. What you will give him**
a) IV vancomycin plus IV gentamicin
b) oral tetracycline
c) no need to give

**138. A patient with BP of 180/140, you want to lower the Diastolic (which is true ) :**
a) 110-100 in 12 hours
b) 110-100 in 1-2 days
c) 90-80 in 12 hrs
d) 90-80 in 1-2 days

**139. Unstable angina:**

a) Least grade II and new onset less than 2 months ago.
b) **Usually there is an evidence of myocardial ischemia.**
c) Same treatment as stable angina.
d) Discharge when the chest pain subsides.

**140. A patient came with gasping breathing, the pulse is weak and rapid what do you have to do:**

a) **Start CPR**

**141. Cause of Bundle branch block**

a) Aortic stenosis→(cause LBBB)
b) Pulmonary stenosis→(cause RBBB)
c) Mitral
d) Cardiomyopathy → (cause LBBB)

- **Causes of LBBB are:**
    1) **Aortic stenosis**
    2) **Dilated cardiomyopathy**
    3) **Acute myocardial infarction**
    4) **Extensive coronary artery disease**
    5) **Primary disease of the cardiac electrical conduction system**
    6) **Long standing hypertension leading to aortic root dilatation and subsequent aortic regurgitation**

- **Causes of RBBB are:**
    1) **Coronary artery disease**
    2) **Myocarditis**
    3) **ASD, VSD and Valvular heart disease**
    4) **COPD & pulmonary embolus.**

**142. A patient is 5 weeks post-MI, complaining of chest pain,fever and arthralagia:**

a) **Dressler's syndrome**
b) Meigs syndrome
c) Costochondritis
d) MI
e) PE

- **Dressler's syndrome is a secondary form of pericarditis that occurs in the setting of injury to the heart or the pericardium**

**143. Drug used in systolic dysfunction heart failure:**

a) Nifidepine
b) Deltiazm
c) **ACEI**
d) B-blocker

**144. An old patient, had MI complicated with ventricular tachycardia. Receiving Buspirone from that time. She came with fatigue, she was normotensive & pulse was 65, what investigation must be done?**

a) Thyroid function
b) **Liver and thyroid**

**145. Elderly patient known case of AF came with abdominal pain and bloody stool, What is the diagnosis**

a) **Ischemic mesentery**

**146. Patient having chest pain radiating to the back, decreased BP in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation is:**

a) **aortic angiogram**
b) amylase level
c) CBC
d) Echo

**147. 60 years old patient has only HTN best drug to start with:**

a) ACEI
b) ARB
c) **Diuretics**
d) Beta blocker
e) Alpha blocker

**148. Obese, HTN, cardiac patient with hyperlipidemia, sedentary life style and unhealthy food, What are the 3 most correctable risk factor?**

a) HTN, obesity, low HDL
b) High TAG, unhealthy food, sedentary life
c) **High cholesterol, unhealthy food, sedentary life**
d) High cholesterol, HTN, obesity

- **Note: High cholesterol, unhealthy food &sedentary life are modifiable risk factors.**

**149. 15 years old with palpitation and fatigue. Investigation showed right ventricular hypertrophy, right ventricular overload and right branch block, what is the diagnosis?**

a) ASD
b) **VSD**
c) Cortication of aorta

**150. Patient with HTN on diuretic he developed painful big toe what kind of**

a) **Hyderocholrathiazide**
b) Furosemide

- **Bothe are correct " Hyperuricemia is a relatively common finding in patients treated with a loop or thiazide diuretic and may, over a period of time, lead to gouty arthritis"**

**151. Case of pericarditis**

a) **Pain in chest increase with movement**
b) Best investigation is ECG
c) Best investigation is Cardiac enzyme

- **Pericarditis patient present with substernal pleuritc chest pain that aggravated by lying down and relieved by leaning forward.**

**152. Patient complains of MI on treatment. After 5 days, the patient have shortness of breath + crepitation on both lung**

a) pulmonary embolism
b) pneumonia
c) **MR**
d) AR

**153. A patient 2 months post MI cannot sleep. What to give him?**

a) Zolpidem
b) diazepam

**154. Long scenario of MI, what is the inappropriate management?**

a) IV ca++ channel blocker
b) nitrate
c) Iv morphine
d) Beta blocker

**155. Patient presented with chest pain for 2 hours With anterolaterl lead showing ST elevation, providing no PCI in the hospital Management:**

a) Streptokinase ,nitroglysrin, ASA &beta blocker
b) Nitroglycerin ,ASA ,heparin beta blocker
c) Nitroglycerin ,ASA, beta blocker
d) Alteplase , Nitroglycerin , ,heparin beta blocker

**156. Which of the following is a MINOR criteria for rheumatic fever?**

a) Arthritis
b) Erytherma marginutum
c) Chorea
d) Fever

**157. A patient comes to ER with AF, BP 80/60 what it the management?**

a) synchronized CD
b) Digoxin

**158. A patient was diagnosed with aortic stenosis, he is a teacher, while he was in his class he fainted, what is the cause?**

a) Cardiac syncope
b) Hypotension
c) Neurogenic syncope

**159. A case of CHF, loved to eat outside 2-3 time weekly, You advise him:**

a) Eat without any salt
b) Eat 4 gm salt
c) Low fat, high protein

- **One of the precipitants of CHF in HF patient is high salt diet therefore salt restriction is most probable.**

**160. Patient treated from endocarditis. Recurrence:**

a) 12%

**161. Picture of JVP graph to diagnose. Patient had low volume pulse, low resting BP, no murmur, pedal edema.**

a) Constrictive pericarditis
b) Tricuspid regurg
c) Tricuspid stenosis
d) Pulmonary hypertension

**162. 46 years old male came to ER with abdominal pain but not that severe. He is hyperlipidemic, smoker, hypertensive.No compliance on medication. Vitally stable, O/E tall obese patient, mid line abdomen tenderness , DX**

a) Marfan's syndrome
b) **aortic aneurism**

- **AAA characterized by pulsatile epigastric mass.**
- **Picture doesn't go with marfan's syndrome**

**163. Female patient Known case of rheumatic heart disease, diastolic murmur, complains of aphasia and hemiplegia, what will you does to find the etiology of this stroke?**

a) MR angiography
b) Non-contrast CT
c) **ECHO**
d) ECG
e) Carotid Doppler

**164. A normal child went walking, he has a brother who died after walking, what of the following must be excluded before walking?**

a) PDA
b) VSD
c) **hypertrophic cardiomyopathy**

**165. One of the following is component of TOF?**

a) ASD
b) **VSD**
c) Left ventricular hypertrophy
d) Aortic stenosis
e) Tricuspid stenosis

**166. Patient with rheumatic valvular disease, mitral orifice is 1cm what is the action to compensate that?**

a) **Dilatation in the atrium with chamber hypertrophy**
b) Dilatation in the ventricle with chamber hypertrophy
c) Atrium dilatation with decrease pressure of contraction
d) Ventricle dilatation with decrease pressure of contraction

**167. Very long scenario about mitral stenosis, the surface area of the valve I think was 0.7cm$^2$, what is the treatment?**

a) Medical treatment
b) **Percutaneous mitral valvuloplasty by balloon catheter**
c) Mitral valve replacement

**168. Which of the following medications is associated with QT prolongation?**

a) chlorpromazine
b) **clozapine**
c) haloperidol
d) ziprasidone

- **All can cause QT-interval prolongation.**

**169. Patient came with anterior MI + premature ventricular ectopy that indicate pulmonary edema, give Digoxin + diuretics + after-load reducer, what add?**
a) **Amiodarone**
b) Propranolol

**170. How can group A beta streptococci cause rheumatic heart disease?**
a) **When they cause tonsillitis/pharyngitis.**
b) Via blood stream.
c) Through skin infection.
d) Invasion of the myocardium.

**171. Pansystolic machinery murmur at left sternal border:**
a) Aortic stenosis
b) Mitral stenosis
c) **PDA**
d) MR

**172. Patient with heart failure and atrial fib on digoxin, what is the effect of digoxin**
a) **Slow ventricular rate**
b) Same thing in cardiac output

**173. Carvedilol is contraindicated with:**
a) thiazides
b) **Dilitazem (ca+2 channel blocker)**

**174. Initial regulation of BP in vascular system occur at :**
a) **Arterioles**
b) Aorta and its branches
c) Heart
d) Capillaries
e) Vein and venules

**175. Patient with hypertension, DM, smoking, which the following are most important to be deal with:**
a) **Obesity and HTN**
b) Smoking and obesity
c) Smoking and HTN

**176. A 40 year old patient presented with history of syncope when he exercises and on rest and chest pain. On Ex: There was ejection systolic murmur grade 2-4/6 on the lower left sternal border not radiating and increases when he lies down and its nonspecific s and t changing and there is left atrium enlargement**
b) **Aortic stenosis**
c) P.S
d) Hypertrophic cardiomyopathy
e) Constrictive cardiomyopathy

**177. A patient with normal kidney function post MI. The troponin level will last for:**
a) 48 h
b) 73 h
c) **24 h**
d) 12 h
e) 8 h

- **Troponin appears 1-6 h after injury, peaks at 24 h, and may remain elevated for 7-10 d in STEMI**

**178. Which of the following is given as a prophylaxis for arrhythmia after MI?**

a) Lidocaine
b) Quinine
c) Quinidine
d) **Metoprolol** (BB is better than lidocaine)

**179. To differentiate between sinus arrhythmia and atrial fibrillation:**

a) **Carotid massage**
b) Temporal artery massage
c) Amiodarone
d) Digoxin

**180. 60 year old man come to your clinic with history of chest pain after meals and at night before sleeping, the best initial investigation:**

a) Barium study
b) UGID.
c) **Stress ECG**
d) CXR.

- **We thought of GERD and the initial diagnostic test for that is upper GI endoscopy but I could not recognize what UGID abbreviation stands for. That's why I selected C to rule out MI.**

**181. Patient presented with acute chest pain radiating to the back. The blood pressure is lower in the left arm compared to the right. The best diagnostic test is: (Aortic dissection case)**

a) CXR.
b) ECG.
c) **Aortic Angiography.**
d) Echocardiography.

- **The confirmatory test is Aortic Angiography but it's invasive and done before surgery. Trans-esophageal echocardiography (TEE) is very accurate with high sensitivity but they didn't specify in the choices whether it's transthoracic or trans-esophageal.**

**182. Patient had history of rheumatic fever. Few years later he developed mitral regurgitation. Long standing MR will result in dilation of:**

a) RA.
b) RV.
c) **LA.**
d) LV.

**183. Patient presented with SOB. He has Mitral stenosis (mitral valve area on echo is 1 cm2). The pathophysiology showed:**

a) **Increased RV pressure and elevated pulmonary vascular resistance.**
b) Increased LV pressure and reduced pulmonary vascular resistance.
c) Increase LA and LV pressure.
d) Reduced RA and RV pressure.

**184. MI patient 3 weeks post attack can't sleep. What to give?**

a) Imipramine
b) **Zlopidem**
c) SSRI

**185. Very long scenario about middle age man (50 years) with family history of heart disease, active lifestyle, on self-induced diet with 50% fat, 35% protein and 15 % carbohydrates, table showing labs, elevated LDL, low HDL, elevated triglycerides and cholesterol, normal RFTs and all other labs.**

a) No risk of heart disease
b) **Heart disease risk can be avoided by taking statins**
c) Heart disease can be prevented by decreasing calorie intake

**186. Male patient was advised to undergo Arterial Graft Bypass surgery at other clinic after having episode of pain in leg, now is asymptomatic. Came to you, Non-smoker, elevated cholesterol and early atherosclerotic plaques on some descending aortal branches. What will you advise:**

a) Undergo Bypass Grafting
b) **Take medication to prevent formation of Arterial plaques**
c) To undergo frequent arterial scans to see extent of disease

**187. What is the most common congenital heart disease associated with rheumatic heart disease?**

a) ASD
b) **VSD**
c) Coarctation of aorta

**188. Notching on the lower edges of the fourth to the ninth ribs indicate enlarged intercostal arteries eroding the lower border of the ribs in cases of?**

a) **Coarctation of aorta**

**189. Patient with frothy hemoptysis, palpitation >long scenario**

a) **Mitral stenosis**
b) Congestive heart failure
c) CAD

**190. Patient has DM2 and HTN on CCB + Metformin + Glyburide + Statin but still has high BP what is your advice:**

a) **Add ARBs**
b) Increase CCB dose
c) Start thiazide

**191. What drug improves survival in CHF patients?**

a) Digoxin
b) Hydralazine
c) Diuretic (can't remember the name)
d) **Enalapril**

- **Drugs that improve the survival in CHF patients are: ACE-I, ARB (e.g. spironolactone), carvedilol, and hydralazine + nitrates.**

**192. Case of decrease sleeping along with persistent hypertension what is the cause of persistent HTN :**

a) **Sleep apnea**

**193. Patient with chest pain radiating to the jaw and arm...:**

a) **Myocardial ischemia**

**194. 55 year old male, c/o angina and syncope on exertion, normal ejection fraction, normal coronary arteries, there is only calcified aortic valve with total area < .75 cm, the rest of examination and investigations are normal, What is your management?**

a) Avoid exertion
b) Medical therapy
c) Aortic balloon dilation
d) **Aortic valve replacement**

- **The only definitive treatment for aortic stenosis is aortic valve replacement. The development of symptoms due to aortic stenosis provides a clear indication for replacement. For patients who are not candidates for aortic replacement, percutaneous aortic balloon valvuloplasty may provide some symptom relief. Medical treatment (such as diuretic therapy) in aortic stenosis may provide temporary symptom relief but is generally not effective long term .**
- **In truly asymptomatic patients with severe aortic stenosis, the issue of valve replacement is less clear.**
- **The recommendations of the ACC/AHA 2006 valvular heart disease guidelines for aortic valve replacement in patients with valvular aortic stenosis are summarized below, in Table 5. In most adults with symptomatic, severe aortic stenosis, aortic valve replacement is the surgical treatment of choice. If concomitant coronary disease is present, aortic valve replacement and coronary artery bypass graft (CABG) should be performed simultaneously.**

| Indication | Class |
|---|---|
| Symptomatic patients with severe aortic stenosis | I |
| Patients with severe aortic stenosis undergoing coronary artery bypass surgery | I |
| Patients with severe aortic stenosis undergoing surgery on the aorta or other heart valves | I |
| Patients with severe aortic stenosis and LV systolic dysfunction (ejection fraction < 0.50) | I |
| Patients with moderate aortic stenosis undergoing coronary artery bypass surgery or surgery on the aorta or other heart valves | IIa |
| Patients with mild aortic stenosis undergoing coronary artery bypass surgery when there is evidence that progression may be rapid, such as moderate-to-severe valve calcification | IIb |
| Asymptomatic patients with severe aortic stenosis and abnormal response to exercise (eg, hypotension) | IIb |
| Asymptomatic patients with severe aortic stenosis and a high likelihood of rapid progression (based on age, calcification, and coronary artery disease) or if surgery might be delayed at the time of symptom onset | IIb |
| Asymptomatic patients with extremely severe aortic stenosis (valve area less than 0.6 $cm^2$, mean gradient greater than 60 mm Hg, and jet velocity greater than 5 m per second) if the patient's expected operative mortality is 1% or less | IIb |
| AVR is not useful for prevention of sudden death in asymptomatic patients with none of the findings listed under asymptomatic patients with severe aortic stenosis | III |

**195. Old man with S/S of right sided heart failure, which one of these can cause the symptoms without any changes in the heart chambers (hypertrophy/dilation)?**

a) Coxsakie B virus
b) Vulvular heart disease
c) Alcohol
d) Amyloidosis
e) **constrictive pericarditis**

**196. A patient with four-minute loss of consciousness DX:**

a) CVA
b) **Fainting**

**197. Patient comes with attack of Strep Throat, had history of previous attack (RF), what is his chance of getting RHD now?**

a) Nothing, he is immune due to previous infection.
b) 100%
c) Needs Immunoglobulin to prevent re-infection.
d) **50% chance of re-infection.**

- **In the United States, rheumatic fever rarely develops before age 3 or after age 40 and is much less common than in developing countries, probably because antibiotics are widely used to treat streptococcal infections at an early stage. However, the incidence of rheumatic fever sometimes rises and falls in a particular area for unknown reasons. Overcrowded living conditions seem to increase the risk of rheumatic fever, and heredity seems to play a part. In the United States, a child who has a streptococcal throat infection but is not treated has only a 0.4 to 3% chance of developing rheumatic fever. About half of the children who have had rheumatic fever develop it again after another streptococcal throat infection if it is not treated. Rheumatic fever follows streptococcal infections of the throat but not those of the skin (impetigo) or other areas of the body. The reasons are not known.**

**198. Established diagnosis of shock must include:**

a) Hypoxemia
b) Hypotension
c) Acidosis
d) Increase vascular resistance
e) **Evidence of inadequate organ perfusion (FROM ATLS)**

**199. Regarding ischemic heart disease, which one of the following is true?**

a) Incidence is the number of all cases
b) Prevalence is the number of new cases every year
c) **Hypertension is strongly related to ischemic heart disease**
d) Smocking is not related to IHD
e) Smocking is related to IHD by single bivariable relation

**200. When do we give aspirin + Clopidegrol:**

a) Patient with a history of previous MI
b) Acute MI
c) history of previous ischemic stroke
d) history of peripheral artery disease
e) **After cardiac catheterization**

**201. Female patient with MVP for dental procedure the dentist send her to you to get prophylaxis prior to the procedure. Physical examination was unremarkable she said that never had an echo. What you will do:**

a) Tell her that things are changed and she will need ABx prophyalxis
b) Gives her amoxicillin-clavulanic
c) Gives her gentamycin
d) **Send her for echo**

**202. Young patient came with essential HTN and history of high Na and K intake, obese >30, the most attributable cause for HTN is:**

a) High Na intake
b) High K intake
c) **Obesity**

- **More than 85% of essential HTN with BMI >25**

**203. The best anti HTN drug in patients with hyperaldosteronism & HTN is:**
a) Spironolactone
b) ACEI
c) BB

**204. How does the heart make more blood go to its muscle?**
a) By coronary dilatation
b) By IVC dilatation
c) By tachycardia

**205. A patient with acute MI, presented with the rhythm strip shown (I think it was V-fib) what is the best treatment?**
a) Adenosine
b) Dialtizm
c) B-blocker (I don't remember the name)
d) Lidocaine

- **It is supposed to be by d/c shock but No answer was written**

**206. A Patient with chest pain has T inversion and ST changes on ECG. The cause is myocardial:**
a) Ischemia
b) Rupture

**207. A 65 years old male, known to have atrial fibrillation. Came complaining of recurrent attacks of head lightness over the past 3 months. He used to take Digoxin but he had not used it for many years. His carotid examination was normal. Physical examination was normal apart from tachycardia. What would you consider to give this patient?**
a) Preparation from Digitalis
b) Propranolol
c) Cardiac rehabilitation
d) Cardiac conversion

**208. which of the following is not a feature of normal ECG:**
a) P wave is the repolarization of the atria

**209. Young male pt, normal physical examination, BP 120/80 mmhg, RR 18 /min, HR 210, no chest pain, no discomfort, no cyanosis, complaing of palpitation, what is your next step is?**
a) Prolong PR interval
b) Holter
c) Vasodilator
d) Reassurance

**210. An old patient comes to ER with syncopal episodes, substernal chest pain and shortness of breath on exertion. He BP is 110/80, bibasilar rales, which auscultatory finding would explain his finding?**
a) A harsh systolic crescendo decrescendo murmur at the upper right sterna border
b) Diastolic murmur at mid left sternal border
c) A holosystolic murmur at the apex
d) A midsystolic murmur

- **This is a patient that has aortic stenosis because of the classic triad of (exertional dyspnea, chest pain, syncopal attacks)**

**211. A female complains of palpitation, a 24hr holter shows occasional premature ventricular contractions and premature atrial contraction. Which of the following is the best management in this patient?**

a) Anti- anxiety
b) Beta blocker
c) Digoxin
d) **Reassurance, no medication**

- **Very vague Question; PVC's is Considered benign and doesn't need treatment at all but beta-blockers are indicated if there is interference of life activity**

**212. Death related to MI occurs in which of the following conditions?**

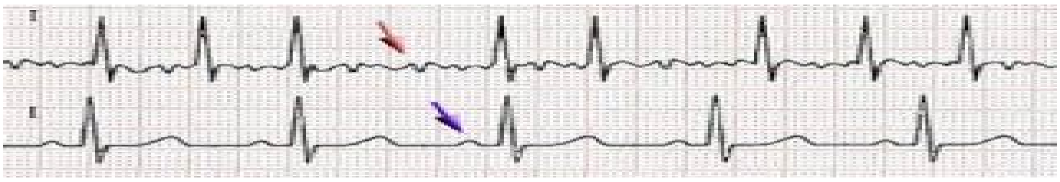
a) Cardiogenic shock
b) Aortic dissection
c) **Arrthymia**
d) Cardiac tamponade

**213. Which parameter is needed for ( FICK formula for cardiac output measure )**

a) BP
b) PCO2
c) MONO OXIDE
d) **Oxygen consumption ($O_2$ uptake)**

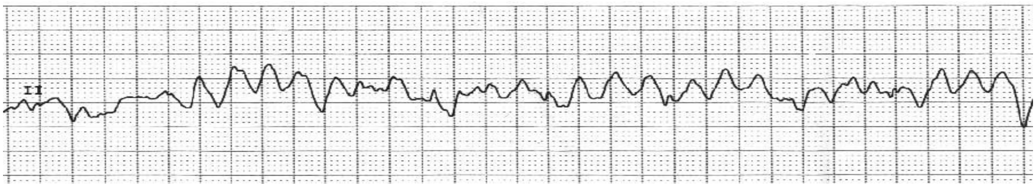
**214. Old patient came to ER complain of tachycardia. Vital signs show: BP 80/50, PR 140. 2 strips of ECG attached; one of them is regular rhythm, narrow QRS complex and second one is irregular rhythm narrow QRS complex and P wave present. What is diagnosis?**

a) **SVT**
b) AF
c) WPW
d) Complete heart block



**215. Patient developed chest pain and sweating for 4 hours and was pulseless, there was an ECG attached, what is the diagnosis:**

a) **VF**
b) AF
c) WPW
d) Torsade de pointas




**216. Which of the following can be considered as a dispensable test in a classic picture of heart failure:-**

a) CT
b) ECG
c) Troponin enzyme
d) CXR

**217. According blood pressure, all of the following are true EXCEPT:**

a) if 2/3 of cufffalse high BP
b) internal cuff must cover 80% of arm
c) **Follow circadian variation, night high BP**
d) high BP3 standard deviation away from normal
e) you have to have more than one reading to Dx high BP

- **Explanation: no circadian variation in BP**

**218. A woman came in with the complaint of slight symptoms of dizziness and syncope not to the point of fainting. Her BP was elevated 140/91. On auscultation there was a diminished sound over the carotids. Her mother died before the age of 40 due Cardiac disease. the next best appropriate step in managing this patient is:-**

a) Doppler of the carotids.
b) Monitor Blood pressure.
c) Reassure patient and give antihypertensive.
d) **No answer was written**

**219. Cause hypertensive crisis:**

a) Enalapril
b) Lorsartan
c) **Hydralazine**

- **Common Causes of Hypertensive Crises**
    1) **Antihypertensive drug withdrawal (e.g., clonidine)**
    2) **Autonomic hyperactivity**
    3) **Collagen-vascular diseases**
    4) **Drugs (e.g., cocaine, amphetamines)**
    5) **Glomerulonephritis (acute)**
    6) **Head trauma**
    7) **Neoplasias (e.g., pheochromocytoma)**
    8) **Preeclampsia & eclampsia**
    9) **Renovascular hypertension**

**220. A 35 year old patient with history of RV and MS. Findings : Pansystolic murmur over the apex and diastolic rumbeling murmur also over the apex**
**ECG : AF**
**ECOH : dialted LV LA RA with inc pulm pre**
**valve is thickened calcified valve are is < 0.7**

a) Closed valve commisrotomy
b) Open valve commisrotomy
c) Balloon valvoplasty
d) **Total mitral replacement**

- **Valve area is 4 to 5 cm2. In mild mitral stenosis, the MVA is 1.5 to 2 cm2, in moderate stenosis it is 1 to 1.5 cm2, and in severe stenosis it is less than 1cm2**
- **ESC/EACTS guidelines recommend percutaneous balloon commissurotomy in symptomatic patients with favorable characteristics, symptomatic patients with contraindications or high risk for surgery, symptomatic patients with unfavorable anatomy but without unfavorable clinical charcteristics, and in asymptomatic patients without unfavorable characteristics and a high thromboembolic risk and/or a high risk of hemodynamic decompensation.**
  **Contraindications to percutaneous mitral commissurotomy include mitral valve area >1.5 cm2, left atrial thrombus, more than mild mitral regurgitation, severe or bicommissural calcification, absence of commissural fusion, severe concomitant aortic valve disease or severe combined tricuspid stenosis and regurgitation, and concomitant coronary artery disease requiring bypass surgery**
  **If percutaneous balloon commissurotomy is not an option, patients should be referred for surgical repair or mitral valve replacement.**
  **Surgical correction of the mitral stenosis is indicated if embolization is recurrent, despite adequate anticoagulation therapy.**

**221. Elderly patient known case of HTN and BPH , which one of the following drug is potentially recommended in such case:**

a) Atenolol
b) **Terazosin**
c) Losartan

**222. All of the following causes secondary HTN, except:**

a) Pheochrmocytoma.
b) **Addison's disease.**
c) Hyperaldosteronism (conn's disease)
d) Renal disease.
e) Pregnancy.

- **Explanation: Addison's disease causes postural hypotension.**

**223. Diagnosis of infective endocarditis:**

a) Presence of 2 positive blood cultures + Osler's nodules is diagnostic according to Duke's criteria.
b) 1 positive blood culture + new murmur are diagnostic.
c) Duke's criteria isn't a reliable criteria for the diagnosis of infective endocarditis.
d) **Antibiotic prophylaxis before future dental procedures.**

- **Duke's criteria:**
- **Major blood culture criteria for IE include the following:**
    - Two blood cultures positive for organisms typically found in patients with IE
    - Blood cultures persistently positive for one of these organisms, from cultures drawn more than 12 hours apart
    - Three or more separate blood cultures drawn at least 1 hour apart
- **Major echocardiographic criteria include the following:**
    - Echocardiogram positive for IE, documented by an oscillating intracardiac mass on a valve or on supporting structures, in the path of regurgitant jets, or on implanted material, in the absence of an alternative anatomic explanation
    - Myocardial abscess
    - Development of partial dehiscence of a prosthetic valve
    - New-onset valvular regurgitation
- **Minor criteria for IE include the following:**
    - Predisposing heart condition or intravenous drug use
    - Fever of 38°C (100.4°F) or higher
    - Vascular phenomenon, including major arterial emboli, septic pulmonary infarcts, mycotic aneurysm, intracranial hemorrhage, conjunctival hemorrhage, or Janeway lesions
    - Immunologic phenomenon such as glomerulonephritis, Osler nodes, Roth spots, and rheumatoid factor
    - Positive blood culture results not meeting major criteria or serologic evidence of active infection with an organism consistent with IE
    - Echocardiogram results consistent with IE but not meeting major echocardiographic criteria
- **A definitive clinical diagnosis can be made based on the following:**
    - **2 major criteria**
    - **1 major criterion and 3 minor criteria**
    - **5 minor criteria**

**224. Coarctation of aorta all true except**

a) Skeletal deformity
b) Upper limp hypertension
c) **Systolic murmur on all pericardium**

- **The systolic murmur of aortic coarctation is best heard posteriorly over the thoracic spine. Musculoskeletal deformities are associated with 25 % of the cases.**

**225. Acyanotic middle age man radiologically comes with prominent pulmonary arteries and vascular marking, most likely Dx?**

a) **VSD**
b) ASD
c) Coarctation of the aorta
d) Truncus arteriosis
e) Pulmonary valvular stenosis

- **Acyanotic: VSD ASD PDA AS PS Coarctation**
- **Cyanotic: TOF TGA Tricuspid Atresia**
- **Mixing: Truncus Arteriosus TAPVR HLH**

**226. Which one of these drugs causing hypertensive crisis when it is not stopped gradually?**

a) Diltiazim
b) **Clonidine**
c) Beta blocker

CHAPTER 1

# Internal Medicine

# Pulmonology

B

Section

1. **Young patient with history of cough, chest pain, fever CXR showed right lower lobe infiltrate:**
a) Amoxicillin
b) **Cefuroxime**
c) Emipenim
d) Ciprofloxacin

- **Explanation**: Lobar pneumonia is often due to S. pneumoniae. Amoxicillin is the drug of choice.

2. **Best thing to reduce mortality rate in COPD:**
a) Home O2 therapy
b) Enalipril
c) **Stop smoking**

- **Explanation**: Cigarette smoking is the most important risk factor for COPD, and smoking cessation is, in most cases, the most effective way of preventing the onset and progression of COPD.

3. **Patient with TB, had ocular toxicity symptoms & color blindness, the drug responsible is:**
a) INH
b) **Ethambutol**
c) Rifampicin
d) Streptomycin

- **INH**: peripheral neuritis and hepatitis. so add ( B6 pyridoxine ) for peripheral neuritis
- **Ethambutol** : optic neuritis
- **Rifampicin** : orange discoloration of urine & tears
- **Streptomycin**: causes ototoxicity & nephrotoxicity

4. **Patient treated for TB started to develop numbness, the vitamin deficient is:**
a) Thiamin
b) Niacin
c) **Pyridoxine**
d) Vitamin C

- **Explanation: INH**: peripheral neuritis and hepatitis. so add ( B6 pyridoxine ) for peripheral neuritis

5. **17 years old patient with dyspnoea $PO_2$ , $PCO_2$ , X-ray normal PH increased so diagnosis is:**
a) **Acute attack of asthma**
b) PE
c) Pneumonia
d) pneumothorax

6. **The most common cause of community acquired pneumonia:**
a) Haemophilus influenza
b) **Streptococcus pneumonia**
c) Mycoplasma
d) Klebsiella

7. **Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?**
a) Group A strep
b) **EBV (INFECTIOUS MONONUCLEOSIS)**

- **Explanation:** Viral pharyngitis due to EBV presented with enlarged tonsil with exudates and petechii on soft palate and enlargement of uvula and sometimes present with tender splenomegaly.

**8. Young patient on anti TB medication presented with vertigo which of the following drug cause this**

a) Streptomycin
b) Ethambutol
c) Rifampicin

- **Streptomycin causes ototoxicity & nephrotoxicity**

**9. Well known case of SCD presented by pleuritic chest pain, fever, tachypnea and respiratory rate was 30, oxygen saturation is 90 % what is the diagnosis?**

a) Acute chest syndrome
b) Pericarditis
c) VOC

- **The correct answer is a or pneumonia would be more correct if it was the answer**
- **Acute chest syndrome is noninfectious vaso-occlusive crisis of pulmonary vasculature presented with chest pain, fever, tachypnea and hypoxemia**

**10. Child with atopic dermatitis at night has stridor plus barking cough on & off from time to time, diagnosis is**

a) BA
b) Croup
c) Spasmodic Croup

- **Spasmodic croup: recurrent sudden upper airway obstruction which present as stridor and cough.**
- **Approximately 50% of children have atopic disease.**

**11. Patient with asthma, well controlled by albuterol, came complaining of asthma symptoms not respond to albuterol, what medication could be added?**

a) Corticosteroid inhaler
b) Long acting B-agonist
c) Oral corticosteroid
d) Theophylline

- **Asthma stepwise therapy: in step 2 to add ICS to control asthma**

**12. An old patient with history of cerebrovascular disease & Ischemic heart disease, presents with a pattern of breathing described as: a period of apnea followed by slow breathing which accelerates & becomes rapid with hyperpnea & tachycardia then apnea again. What is this type of breathing?**

a) Hippocrates
b) Chyene-stokes breathing
c) Kussmaul breathing
d) One type beginning with O letter and contains 3 letters only

- **Explanation:**
  - **Chyene-stokes respiration :** rapid deep breathing phase followed by period of apnea , present with heart failure, stroke, brain trauma, also can be with sleep or high altitude
  - **Kusmmaul's breathing:** rapid and deep breathing. present with metabolic acidosis particularly in diabetic ketoacidosis

**13. Rheumatic fever patient has streptococcal pharingitis risk to develop another attack**

a) Trimes more than normal
b) 100%
c) 50%

**14. The most common cause of croup is:**

a) **Parainfluenza**
b) Influenza

**15. Young male had pharyngitis then cough &fever, what is the most likely organism?**

a) staph aurous
b) **Streptococcus pneumonia**

**16. 17 years old male with history of mild intermittent asthma attacks occur once or twice weekly in the morning and no attacks at night. What should be the initial drug to give?**

a) **Inhaled short acting B2 agonist as needed**
b) Inhaled high dose corticosteroid as needed
c) Oral steroid
d) Ipratropium bromide

**17. Case scenario about bronchial carcinoma, which is true:**

a) The most common cancer in females
b) Squamous cell carcinoma spreads faster
c) **Adenocarcinoma is usually in the upper part**
d) Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
e) Bronchoscopy should be done

- **Most common tumor in females is breast tumors**
- **Small cell carcinoma spreads faster, Not Squamous cell**
- **Adenocarcinoma usually located peripherally, so upper part could be correct**
- **Bronchoscopy is often used to sample the tumor for histopathology, so it could be correct also**

**18. 39 years old HIV patient with TB receive 4 drugs of treatment after one month:**

a) Continue 4 drugs for 1 years
b) Cintinueisoniazide for 9 months
c) Contiueisonizide for 1 year

- **According to various guideline committees, the standard duration of therapy for drug-susceptible TB, regardless of HIV status, should be six months; this includes two months of isoniazid (INH), a rifamycin (eg, rifampin or rifabutin), pyrazinamide, and ethambutol followed by isoniazid and a rifamycin for four additional months**
- **When to prolong therapy — The duration of TB therapy is longer in specific clinical situations, regardless of HIV status:**
- **For those patients with cavitary disease and positive sputum cultures after two months of treatment, the duration of isoniazid and rifampin treatment should be extended by three months for a total of nine months of treatment**
- **For patients with bone, joint, or CNS disease, many experts recommend 9 to 12 months of therapy.**
- **For all other patients with extrapulmonary disease, the recommended treatment is two months of four-drug therapy followed by four months of isoniazid and rifampicin.**
- **The duration of therapy is also generally longer in patients with drug-resistant TB. HIV-infected patients with MDR TB should be treated for 24 months after conversion of sputum culture to negative. After the cessation of therapy, patients should be examined every four months for an additional 24 months to monitor for evidence of relapse.**

**19. Best way to secure airway in responsive multi-injured patient is**

a) **Nasopharyngeal tube**

**20. Child has history of URTI for few days. He developed barky cough and SOB. Your diagnosis is:**

a) Foreign body inhalation
b) Pneumonia
c) **Croup**
d) Pertussis

**21. Asthma case what drug is prophylactic:**

a) **B2 agonist**
b) theophylline
c) oral steroid

**22. Male patient working in the cotton field, presented with 3 weeks history of cough. CXR showed bilateral hilar lymphadenopathy and biopsy (by bronchoscopy) showed non-caseating granuloma. What's your diagnosis?**

a) Sarcoidosis
b) Amylidosis
c) Histiocustosis
d) Beryllliosis
e) **Pneumoconiosis**

- **A or E**
- **Non-caseating granuloma support Sarcoidosis**
- **Pneumoconiosis is an occupational & a restrictive lung disease caused by the inhalation of dust, depending on the dust type the disease is given its names, in cotton case it is called ' Byssinosis '**
- **Bilateral hilar lymphadenopathy present in both Sarcoidosis & Pneumoconiosis**

**23. Patient with untreated bronchogenic carcinoma has dilated neck veins, facial flushing, hoarsness and dysphagia (SVC syndrome). CXR showed small pleural effusion. What's your immediate action?**

a) Consult cardiologist for pericardiocentesis
b) Consult thoracic surgeon for Thoracocentesis
c) **Consult oncologist**

- **Explanation: Consult oncologist for radiation therapy ± chemotherapy because SVC syndrome symptoms and hoarseness suggest unrespectable lesion**

**24. Old patient with DM2, emphysema & non community pneumonia, Best to give is:**

a) Pneumococcal vaccine & influenza vaccine now
b) Pneumococcal vaccine & influenza vaccine 2 weeks after discharge
c) **Pneumococcal vaccine & influenza vaccine 4 weeks after discharge**
d) influenza vaccine only
e) Pneumococcal vaccine only

**25. Radiological feature of miliary TB:**

a) Pleural effusion
b) **3-4 diffuse nodules**
c) Small cavities

- **Explanation: The classic radiographic findings of evenly distributed diffuse small 2–3-mm nodules, with a slight lower lobe predominance, are seen in 85% of cases of miliary TB**

**26. Patient presented with sudden chest pain and dyspnea, tactile vocal fremitus and chest movement is decreased, by x-ray there is decreased pulmonary marking in left side, what is the diagnosis?**

a) Atelectasis of left lung
b) Spontaneous pneumothorax
c) Pulmonary embolism

**27. Patient ingest amount of aspirin shows nausea, vomiting &hyperventilation, what is the diagnosis?**

a) Metabolic Alkalosis and respiratory alkalosis
b) Metabolic acidosis and respiratory acidosis
c) Respiratory alkalosis and Metabolic Acidosis
d) Respiratory alkalosis and respiratory acidosis

- **Explanation: Salicylate ingestion causes metabolic acidosis (from lactate, ketones) + respiratory alkalosis due to stimulation of CNS respiratory center**

**28. A 20 years old male who is a known asthmatic presented to the ER with shortness of breath. PR 120, RR 30, PEFR 100/min. Examination revealed very quiet chest. What is the most probable management?**

a) Nubelized salbutamol
b) IV aminophyline
c) Pleural aspiration
d) Hemlich maneuver
e) Chest drain

**29. Patient is a known case of moderate intermittent bronchial asthma. He is using ventoline nebulizer. He develops 3 attacks per week. The drug to be added is: (incomplete Q)**

a) Increase prednisolone dose
b) Add long acting B agonist
c) Add Ipratropium
d) IV aminophylline

- **Explanation: I don't know if the question right or wrong but by asthma stepwise if the patient on Ventolin and the asthma not controlled (partially controlled 3 attacks per week) then to add low dose ICS**

TABLE 2.15-3. Medications for Chronic Treatment of Asthma

| Type | Symptoms (Day/Night) | $FEV_1$ | Medications |
|---|---|---|---|
| Mild intermittent | ≤ 2 days/week<br>≤ 2 nights/month | ≥ 80% | No daily medications.<br>PRN short-acting bronchodilator. |
| Mild persistent | > 2/week but < 1/day<br>> 2 nights/month | ≥ 80% | Daily low-dose inhaled corticosteroids.<br>PRN short-acting bronchodilator. |
| Moderate persistent | Daily<br>> 1 night/week | 60–80% | Low- to medium-dose inhaled corticosteroids + long-acting inhaled $\beta_2$-agonists. |
| Severe persistent | Continual, frequent | ≤ 60% | High-dose inhaled corticosteroids + long-acting inhaled $\beta_2$-agonists.<br>Possible PO corticosteroids.<br>PRN short-acting bronchodilator. |

**30. One of the following is true about the home treatment of COPD:**

a) Give $O_2$ if $SaO_2$ is less than 88%
b) Give $O_2$ if $SaO_2$ is 88-95%
c) Give $O_2$ at night (nocturnal) only

- **Explanation:**
- **Acute COPD → Give $O_2$ till reach 88-92%**
- **Chronic COPD → Give $O_2$ if $SaO_2$ < 88 %**

**31. 58 years old male patient came with history of fever, cough with purulent foul smelling sputum and CXR showed: fluid filled cavity, what is the most likely diagnosis is?**

a) **Abscess**
b) TB
c) Bronchiectasis

**32. what is the meaning of difficulty breathing:**

a) **Dyspnea**
b) Tachycardia

**33. Elderly male patient who is a known case of debilitating disease presented with fever, productive cough, and sputum culture showed growth of Gram negative organisms on a buffered charcoal yeast agar. What is the organism?**

a) Mycoplasma pneumonia
b) Klebsiella pneumonia
c) Ureaplasma
d) **Legionella**

- **Explanation: Buffered charcoal yeast extract (BCYE) agar is a selective growth medium used to culture or grow certain bacteria, particularly the Gram-negative species Legionella pneumophila**

**34. 27 years old girl came to the ER, she was breathing heavily, RR 20/min. She had numbness & tingling sensation around the mouth & tips of the fingers. What will you do?**

a) Let her breath into a bag
b) **Order serum electrolytes**
c) First give her 5ml of 50% glucose solution

**35. Patient with lung cancer and signs of pneumonia, what is the most common organism?**

a) Klebsiella
b) Chlamydia
c) **Streptococcus**
d) Suayionhigella

- **Explanation: the primary respiratory infections in early phase (non-immunocompromised phase) include those caused by pathogens common to the general public. The predominant organisms are Streptococcus pneumonia, Haemophilus influenza, and community-acquired respiratory viruses**

**36. Patient 18 years old admitted for ARDS and developed hemothorax. What is the cause?**

a) Central line insertion
b) High negative pressure
c) High oxygen

- **Answer is +ve pressure or lung injury**

**37. COPD patient with emphysema has low oxygen prolonged chronic high $CO_2$, the respiratory drive maintained in this patient by:**

a) **Hypoxemia**
b) Hypercapnemia
c) Patient effort voluntary

- **Explanation: The respiratory drive is normally largely initiated by PaCO2 but in chronic obstructive pulmonary disease (COPD) hypoxia can be a strong driving force and so if the hypoxia is corrected then the respiratory drive will be reduced. There will also be a loss of physiological hypoxic vasoconstriction**

**38. An outbreak of TB as a prophylaxis you should give :**

a) **Give BCG vaccine**
b) Rifampicin
c) Tetracycline
d) H. influenza vaccine

- **Explanation: if there is INH it is the best answer and if they mean by outbreak INH-resistant then the answer is Rifampin**

**39. Patient with typical finding of pleural effusion management :**

a) **Chest tube**

**40. The most common cause of cough in adults is**

a) Asthma
b) GERD
c) **Postnasal drip**

- **Explanation: The most common causes of chronic cough are postnasal drip, asthma, and acid reflux from the stomach. These three causes are responsible for up to 90 percent of all cases of chronic cough.**

**41. Patient has fever, night sweating, bloody sputum, weight loss, PPD test was positive. X-ray shows infiltrate in apex of lung , PPD test is now reactionary , diagnosis**

a) **Activation of primary TB**
b) sarcoidosis
c) Case control is
d) Backward study

- **Explanation: The tuberculosis skin test is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis.**

**42. Best early sign to detect tension pneumothorax :**

a) **Tracheal shift**
b) Distended neck veins
c) Hypotension

**43. Holding breath holding, which of the following True?**

a) Mostly occurs between age of 5 and 10 months
b) Increase Risk of epilepsy
c) **A known precipitant cause of generalized convulsion**
d) Diazepam may decrease the attack

- **Breath holding spells are the occurrence of episodic apnea in children, possibly associated with loss of consciousness, and changes in postural tone.**
- **Breath holding spells occur in approximately 5% of the population with equal distribution between males and females. They are most common in children between 6 and 18 months and usually not present after 5 years of age. They are unusual before 6 months of age. A positive family history can be elicited in 25% of cases.**
- **They may be confused with a seizure disorder. They are sometimes observed in response to frustration during disciplinary conflict.**

**44. 55 years old male with COPD complains of 1 week fever, productive cough, on CXR showed left upper pneumonia and culture of sputum shows positive haemophilus influenza, what is the treatment?**

a) Penicillin
b) Doxecycline
c) **Cefuroxime**
d) Gentamycin
e) Carbenicillin

- **Explanation: 2nd generation cephalosporin used in respiratory infections "H. influenza and M. catarrhalis"**

**45. Obese 60 year lady in 5th day post cholecystectomy, she complains of SOB & decreased BP 60 systolic, on examination unilateral swelling of right Leg, what is the diagnosis?**

a) Hypovolemic shock
b) septic shock
c) **Pulmonary embolism**
d) MI
e) Hag. Shock

**46. For close contact with TB patients, what do you need to give:**

a) Immunoglobulin
b) Anti-TB
c) Rifampin
d) **INH**

- **Explanation: TB preventive therapy**
  - **INH-sensitive: INH for 6-9 months**
  - **HIV +ve: INH for 9 months**
  - **INH-resistant: Rifampicin for 4 months**

**47. Klebsiella faecalis cause the following disease:**

a) **Pneumonia**

- **Explanation: There is no klebsielafaecalis!**
  - **Klebsiellapneumoniae**
  - **Klebsiellaozaenae**
  - **Klebsiellarhinoscleromatis**
  - **Klebsiellaoxytoca**
  - **Klebsiellaterrigena**
  - **Klebsiellaornithinolytica**

**48. Hemoptysis, several month PPD positive, taken all vaccination, X-ray showed apical filtration, PPD test has been done again, it came negative, diagnosis:**

a) Sarcoidosis
b) **Primary old TB**
c) Mycoplasma

**49. Patient sustained a major trauma presented to ER the first thing to do:**

a) Open the air way give 2 breath
b) **Open the airway remove foreign bodies**
c) Give 2 breath followed by chest compression
d) Chest compression after feeling the pulse

**50. Patient with 3 ws history of shortness of breath with hemoptysis the appropriate investigation is:**

a) CXR,AFB,ABG
b) **CXR, PPD, AFB**
c) CT,AFB,ABG

- **CXR, PPD, AFB "Ziehl Neelsen stain", These are the basic investigations for TB patient.**

**51. Treatment of community acquired pneumonia:**

a) **Azithromycin**
b) Ciprofloxacin
c) Gentamicin
d) Tetracycline

**52. Patient had fever in the morning after he went through a surgery, what's your diagnosis?**

a) **Atelectasis**
b) Wound infection
c) DVT
d) UTI

- **Explanation: Postoperative atelectasis generally occurs within 48 hours**

**53. The best prophylaxis of DVT in the post-op patient (safe and cost-effective):**

a) **LMWH**
b) Warfarin
c) Aspirin
d) Unfractionated heparin

**54. 3 years old presented with shortness of breath and cough at night which resolved by itself in 2 days. He has Hx of rash on his hands and allergic rhinitis. he most likely had**

a) Croup
b) **Bronchial asthma**
c) Epiglottitis

**55. Pediatric came to you in ER with wheezing, dyspnea, muscle contraction (most probably asthma), best to give initially is :**

a) Theophylline
b) **Albuterol nebulizers**
c) oral steroids

**56. Prophylaxis of Asthma:**

a) oral steroid
b) **Inhaler steroids**
c) inhaler bronchodilator B agonists

**57. Smoking withdrawal symptoms peak at:**

a) 1-2 days
b) **2-4 days**
c) 7 days
d) 10-14 days

- **Explanation: Symptoms of nicotine withdrawal generally start within 2 - 3 hours after the last tobacco use, and will peak about 2 - 3 days later**

**58. 6 months with cough and wheezy chest .Diagnosis is (incomplete Q)**
a) Asthma
b) **Bronchiolitis**
c) Pneumonia
d) F.B aspiration

**59. Physiological cause of hypoxemia:**
a) Hypoventilation
b) Improper alveolar diffusion
c) **Perfusion problem (V/Q mismatch)**
d) Elevated 2.3 DPG

**60. Child with asthma use betamethazone, most common side effect is:**
a) Increase intraocular pressure
b) Epilepsy
c) **Growth retardation**

**61. The respiratory distress syndrome after injury is due to :**
a) Pneumothorax
b) **Aspiration**
c) Pulmonary edema
d) Pulmonary embolus
e) None of the above

- **Explanation: ARDS etiologies:**
  - **Direct injury: pneumonia, inhalation injury, aspiration, lung contusion and near drowning**
  - **Indirect injury: sepsis, pancreatitis, shock, trauma/multiple fractures, DIC and transfusion**

**62. Interstitial lung disease, All true except:**
a) Insidious onset exertional dyspnea.
b) Bibasilar inspiratory crepitations in physical examination.
c) **Hemoptysis is an early sign**
d) Total lung volume is reduced

- **Explanation: All patients with interstitial lung diseases develop exertional dyspnea and non-productive cough. The examination revealed typical coarse crackles and evidence of pulmonary hypertension. PFTs show evidence of restrictive pattern (decrease volumes)**

**63. Air bronchogram is characteristic feature of:**
a) Pulmonary edema
b) Hyaline membrane disease
c) **Lobar Pneumonia**
d) Lung Granuloma

- **Explanation: The most common causes of an air bronchogram are consolidations of various origins and pulmonary edema. Similarly, widespread air bronchograms are seen in hyaline membrane disease. Air bronchograms are also seen in atelectatic lobes on chest radiographs when the airway is patent, notably when atelectasis is caused by pleural effusion, pneumothorax or bronchiectasis.**

**64. Bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:**
a) **Cryptic tonsillitis**

**65. Regarding moderately severe asthma, all true except:**

a) **$PO_2 < 60$mmHg**
b) $PCO_2 > 60$ mm Hg , early in the attack
c) Pulsus Paradoxus
d) IV cortisone help in few hours

- **Explanation: A typical arterial gas during an acute uncomplicated asthma attack reveals normal $PaO_2$, low $PaCO_2$ and respiratory alkalosis. Hypoxemia in a $PaO_2$ range of 60 to 80 mm Hg frequently is found even in moderately severe asthma.24 However; a PaO< 60 mm Hg may indicate severe disease.**
- **Hypoxemia is due to ventilation perfusion mismatching, whereas low $PaCO_2$ is a result of hyperventilation.**
- **A progressive increase in $PaCO_2$ is an early warning sign of severe airway obstruction in a child with respiratory muscle fatigue, so the answer ($PCO_2 > 60$ mm Hg "early attack") is clearly WRONG as this may happen late in the attack of asthma**
- **The answer ($PO_2 < 60$ mm Hg) CAN BE CONSIDERED WRONG. As usually the $PO_2$ goes below 60 in SEVERE ASTHMA rather than a MODERATLY- SEVERE ASTHMA**

**66. The most specific investigation for pulmonary embolism is:**

a) Perfusion scan
b) X-ray chest
c) Ventilation scan
d) **Pulmonary angiography**

- **Explanation:**
  - **V\Q( perfusion) scan: high sensitivity and low specificity**
  - **CXR: limited sensitivity and specificity**
  - **CT angiography high sensitivity and specificity.**

**67. A 62 years old male known to have BA. History for 1 month on bronchodilator & beclomethasone had given theophylline. Side effects of theophylline is:**

a) GI upset
b) Diarrhea
c) Facial flushing
d) **Cardiac arrhythmia**

- **Explanation**: The most common side effects are **cardiac arrhythmia, anxiety, tremors, tachycardia & seizures. Always monitor ECG**

**68. History of recurrent pneumonia, foul smelling sputum with blood and clubbing, what is the diagnosis?**

a) **Bronchiectasis**
b) Pneumonia
c) Lung Abscess
d) COPD

- **Explanation: Clinical features of Bronchiectasis are recurrent pneumonia because of the dilated bronchi so there's a reduction in the ability of the clearance of secretions and pathogens from the airways. The sputum is copious and could foul smell and the patients would have clubbing. A lung abscess also causes clubbing and foul smelling sputum but if properly treated why it would recur. COPD has frequent infective exacerbations but doesn't cause clubbing. Pneumonia is an acute process and no clubbing occurs.**

**69. In mycoplasma pneumonia, there will be:**
a) **Positive cold agglutinin titer**
b) Lobar consolidation

- **Explanation: Both are correct! Positive cold agglutinin titer occurs in 50-70% of patients and lobar consolidation may also be present but rare.**

**70. A 30 years old man presents with shortness of breath after a blunt injury to his chest, RR 30 breaths/min, CXR showed complete collapse of the left lung with pneumothorax, mediastinum was shifted to the right. The treatment of choice is:**
a) Chest tube insertion
b) **Chest aspiration**
c) Thorocotomy and pleurectomy
d) IV fluids & O2 by mask
e) Intubation

**71. Right lung anatomy, which one true :**
a) Got 7 segment
b) **2 pulmonary veins**
c) No relation with azigous vein

**72. Patient in ER: dyspnea, right sided chest pain, engorged neck veins and weak heart sounds, absent air entry over right lung. Plan of treatment for this patient:**
a) IVF, Pain killer, O2
b) Aspiration of Pericardium
c) Respiratory Stimulus
d) Intubation
e) **Immediate needle aspiration, chest tube**

- **Symptoms and signs of tension pneumothorax may include the following:**
  - **Chest pain (90%), Dyspnea (80%), Anxiety, Acute epigastric pain (a rare finding),Fatigue**
  - **Respiratory distress (considered a universal finding) or respiratory arrest**
  - **Unilaterally decreased or absent lung sounds (a common finding; but decreased air entry may be absent even in an advanced state of the disease)**
  - **Adventitious lung sounds (crackles, wheeze; an ipsilateral finding)**
  - **Lung sounds transmitted from the non affected hemithorax are minimal with auscultation at the midaxillary line**
  - **Tachypnea; bradypnea (as a preterminal event)**
  - **Hyperresonance of the chest wall on percussion (a rare finding; may be absent even in an advanced state of the disease)**
  - **Hyperexpansion of the chest wall**
  - **Increasing resistance to providing adequate ventilation assistanc**
  - **Cyanosis (a rare finding)**
  - **Tachycardia (a common finding)**
  - **Hypotension (should be considered as an inconsistently present finding; while hypotension is typically considered as a key sign of a tension pneumothorax, studies suggest that hypotension can be delayed until its appearance immediately precedes cardiovascular collapse)**
  - **Pulsus paradoxus & Jugular venous distension**

**73. Patient presents with sever bronchial asthma which of the following drug , not recommended to give it :**
a) **Sodium gluconate**
b) Corticosteroid (injection or orally?)

**74. Which of the following radiological features is a characteristic of miliary tuberculosis:**

a) Sparing of the lung apices
b) Pleural effusion
c) Septal lines
d) Absence of glandular enlargement
e) **Presence of a small cavity**

- **Explanation :typically would show glass ground appearance**

**75. A 24 years old woman develops wheezing and shortness of breath when she is exposed to cold air or when she is exercising. These symptoms are becoming worse. Which of the following is the prophylactic agent of choice for the treatment of asthma in these circumstances?**

a) **Inhaled β2 agonists**
b) Oral aminophylline
c) Inhaled anticholinergics
d) Oral antihistamines
e) Oral corticosteroids

**76. Which one of the following regimens is the recommended initial treatment for most adults with active tuberculosis?**

a) A two-drug regimen consisting of isoniazid (INH) and rifampin (Rifadin).
b) A three-drug regimen consisting of isoniazid, rifampin, and ethumbutol (Myambutol).
c) **A four-drug regimen consisting of isoniazid, refimpin, pyarazinamide and ethumbutol**
d) No treatment for most patients until infection is confirmed by culture
e) A five-drug regimen consisting of Ionized, Rifampicin, pyrazinamide, ethumbutol and ciprofloxacin

**77. 55 years old male presented to your office for assessment of chronic cough. He stated that he has been coughing for the last 10 years but the cough is becoming more bothersome lately. Cough productive of mucoid sputum, occasionally becomes purulent. Past history: 35 years history smoking 2 packs per day. On examination: 124 kg, wheezes while talking. Auscultation: wheezes all over the lungs. The most likely diagnosis is:**

a) Smoker's cough
b) Bronchiectasis
c) Emphysema
d) **Chronic bronchitis**
e) Fibrosing alveoliti

- **An elderly male with a long history of heavy smoking and change in character of cough is chronic bronchitis which is a clinical diagnosis (cough for most of the days of 3 months in at least 2 consecutive years). Emphysema is a pathological diagnosis (dilatation and destruction beyond the terminal bronchioles). Fibrosing alveolitis causes dry cough.**

**78. 25 years old man had fixation of fractured right femur. Two days later he became dyspnic, chest pain and hemoptysis. ABG:-pH: 7.5, $PO_2$:65,$PCO_2$: 25, initial treatment is:**

a) Furosemide
b) Hydrocortisone
c) Bronchoscopy
d) **Heparin**
e) Warfarin

- **Explanation: After fracture, fixation (immobile), dyspnea means pulmonary embolism. You start treatment by heparin for a few days then warfarin.**

**79. All of the following are true about pulmonary embolism, except:**
a) **Normal ABG**
b) Sinus tachycardia is the most common ECG finding.
c) Low plasma D-dimer is highly predictive for excluding PE.
d) Spiral CT is the investigation of choice for diagnosis.
e) Heparin should be given to all pts with high clinical suspicion of PE.

- **Explanation: in PE ABG will show decreased PaO2 and PaCO2.**

**80. In a child with TB, all is found EXCEPT:**
a) History of exposure to a TB patient.
b) Chest x-rays findings.
c) Splenomegaly.
d) Positive culture from gastric lavage.

- **all are correct**

**81. All indicate severity of bronchial asthma ,EXCEPT**
a) Intercostal and supraclavicular retraction
b) Exhaustion
c) **$PO_2$ 60 mmHg**
d) $PO_2$ 60 mmHg +$PCO_2$ 45 mmHg
e) Pulsus paradoxis> 20mmHg

- **Explanation: Severe: PEFR<60%, Sa O2 <90%, PO2<60, PCO2 >45, dyspnea at rest, inspiratory & expiratory wheezes, accessory muscle use , pulsus paradoxus>25 mmHg**

**82. Patient came with scenario of chest infection, first day of admission he treated with cefotaxime, next day, patient state became bad with decrease perfusion and x-ray show complete right Side hydrothorax, causative organism:**
a) **Streptococcus pneumonia**
b) Staph. Aureus
c) Haemophilus influenza
d) Pseudomonas

- **Explanation: Parapneumonic effusion/empyema especially seen with S. pneumoniae**

**83. which of the following treatment is contraindicated in asthmatic patient:**
a) **Non-selective B blocker**

**84. Which of the following shift the $O_2$ dissociation curve to the right?**
a) Respiratory alkalosis
b) **Hypoxia**
c) Hypothermia

**85. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm indurations in the child this suggest:**
a) Inconclusive result
b) Weak positive result
c) **Strong positive result**

- **Explanation: High risk because of contact**

**86. Old patient with sudden onset of chest pain, cough and hemoptysis, ECG result right axis deviation and right bundle branch block , what is the diagnosis**

a) MI
b) **Pulmonary embolism**

- **Explanation: ECG in PE: sinus tachycardia, right axis deviation, P pulmonale, RBBB, S1Q3T3, and T wave inversion V1-V4**

**87. PPD positive, CXR negative : ( incomplete Q)**

a) **INH for 6 moths**
b) INH and rifampicin for 9
c) reassurance

**88. Patient developed dyspnea after lying down for 2 hours, frothy sputum stained with blood, +ve hepatojugular reflux, +1 leg edema, oncotic pressure higher than capillary 25% edema is:**

a) **Interstitial**
b) Venous
c) Alveolar
d) Capillary

**89. The chromosome of cystic fibrosis:**

a) Short arm of chromosome 7
b) **Long arm of chromosome 7**
c) Short arm of chromosome 8
d) Long arm of chromosome 8
e) Short arm of chromosome 17
c) Corticosteroid nebulizer

**90. Lady known to have recurrent DVT came with superior vena cava thrombosis, what is the diagnosis?**

a) SLE
b) christmas disease
c) **Lung cancer**
d) Nephrotic disease

**91. Long scenario for patient smokes for 35 years with 2 packets daily, before 3 days develop cough with yellow sputum, since 3 hours became blood tinged sputum, X-ray shows opacification and filtration of right hemithorax, DX:**

a) Bronchogenic CA
b) acute bronchitis
c) **lobar pneumonia**

**92. Patient came with cough, wheezing, his chest monophonic sound, on x ray there is patchy shadows in the upper lobe+ low volume with fibrosis, he lives in a crowded place, What is the injection should be given to the patient's contacts?**

a) Hemopheilus influanza type b
b) Immunoglobuline
c) Menngioc Conjugated
d) **Basil calament**

**93. Known case of asthma prevent:**

a) **Exposure to dust mite**

**94. 82 years old female presented to ER in confusion with hypotension. BP was 70/20, P=160/min, rectal T 37.7°C. The most likely of the following would suggest sepsis as a cause of hypotension is:**

a) Low systemic vascular resistance & high cardiac output
b) High systemic vascular resistance & low cardiac output
c) Pulmonary capillary wedge pressure less than 26
d) PH is less than 7.2
e) Serum lactate dehydrogenase more than 22

- **Special features of septic shock:**
  1) **High fever**
  2) **Marked vasodilatation throughout the body, especially in the infected tissues.**
  3) **High cardiac output in perhaps one half of patients caused by vasodilatation in the infected tissues & by high metabolic rate & vasodilatation elsewhere in the body, resulting from bacterial toxin stimulation of cellular metabolism & from high body temperature.**
  4) **DIC.**

**95. Child with picture of pneumonia treated with cefotaxime but he got worse with cyanosis intercostals retraction and shifting of the trachea and hemothorax on x-ray, the organism:**

a) Pneumocystis carnii
b) Strepreptococcus pneuomonia
c) Staph aureus
d) Pseudomonas

**96. What is the most effective measure to limit the complications in COPD?**

a) Pneumococcal vaccination
b) Smoking cessation

**97. Goodpasture's syndrome is associated with:**

a) Osteoporosis.
b) Multiple fractures and nephrolithiasis
c) Lung bleeding and Glomerulonephritis

**98. End stage of COPD:**

a) ERYTHROCYTOSIS
b) HIGH Ca
c) Low K

**99. Case of old male, heavy smoker, on chest X ray there is a mass, have hyponatremia and hyperosmolar urine, what is the cause?**

a) Inappropriate secretion of ADH
b) Pituitary failure

**100. Patient K/C of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma?**

a) Systemic steroid
b) Inhaler steroid
c) Ipratropium

**101. Patient PPD test positive for TB before anti TB treatment:**

a) Repeat PPD test
b) Do mantoux test

**102. Old patient, smoker, COPD, having cough and shortness of breath in day time not at night how to treat him?**

a) Theophylline
b) **Ipratropium**
c) Long acting

**103. Patient with asthma use short acting beta agonist and systemic corticosteroid <classification of treatment:**

a) Mild intermittent
b) Mild persistent
c) Moderate"
d) **Severe**

**104. Obese patient and his suffering with life, the important thing that he is snoring while he is sleeping and the doctor record that he has about 80 apnea episodes to extend that $PO_2$ reach 75% no other symptoms. Exam is normal. Your action is:**

a) Prescribe for him nasal strip
b) Prescribe an oral device
c) **Refer to ENT for CPAP and monitoring refer for hospital**

**105. Patient came with Pneumocystis carinii infection. What is your action?**

a) Ax and discharge
b) **Check HIV for him**

**106. Patient wake up with inability to speak, he went to a doctor. He still couldn't speak. But he can cough when he asked to do. He gave you a picture of his larynx by laryngoscope. Which grossly looks normal, what is your diagnosis?**

a) Paralysis of vocal cords
b) Infection
c) **Functional aphonia**

**107. Young patient with mild intermittent asthma, attacks once to twice a week, what's best for him as prophylaxis?**

a) **inhaled short acting B agonist**
b) inhaled steroid

**108. COPD coughing greenish sputum, what's the organism?**

a) Staph aureus
b) Strep pneumonia
c) Mycoplasma
d) chlamydia
e) **Haemophilus influenzae**

**109. Old Patient was coughing then he suddenly developed pneumothorax best management:**

a) Right pneuoectomy
b) Intubation
c) **Tube thoracotomy**
d) Lung pleurodisis

- **Explanation :No choice like needle aspiration in second intercostal space**

**110. Patient with bilateral infiltration in lower lobes (pneumonia), which organism is suspected?**

a) **Legionella**
b) Klebsiella

**111. Patient with adult respiratory distress syndrome, he got tension pneumothorax, what is the probable cause?**

a) **severe lung injury**
b) Negative pressure
c) central venous line
d) Oxygen 100%

**112. Patient has pharyngitis rather he developed high grade fever then cough then bilateral pulmonary infiltration in CXR, WBC was normal and no shift to left, what is the organism?**

a) Staphylococcus aurous
b) **streptococcus pneumonia**
c) legionella
d) chlamydia

**113. Patient suffering from wheezing and cough after exercise, not on medications, what's the prophylactic medication?**

a) **Inhaled b2 agonist**
b) Inhaled anticholinergic
c) Oral theophylline

**114. Old patient stopped smoking 10 years ago, suffering from shortness of breath after exercise but no cough and there was a table FEV1=71% FVC=61% FEV1/FVC=95% TLC=58% What's the dx?**

a) Restrictive lung disease
b) Asthma
c) Bronchitis
d) Emphysema
e) **Obstructive with restrictive**

**115. Patient with asthma on daily steroid inhaler and short acting B2 agonist what category:**

a) Mild intermittent
b) Mild persistent
c) **Moderate**
d) Severe

**116. Patient lives near industries came with attack of SOB the prophylactic:**

a) **B2 agonist**
b) Oral steroid
c) inhaled corticosteroid

**117. Young patient with unremarkable medical history presented with SOB, wheeze, long expiratory phase. Initial management:**

a) **Short acting B agonist inhaler**
b) Ipratropium
c) Steroids
d) Diuretic

**118. If there is relation between anatomy and disease pneumonia will occur in:**
a) Right upper lobe
b) Right middle lobe
c) Right lower lobe
d) Left upper lobe
e) Left lower lobe

- **Generally the right middle and lower lung lobes are the most common sites of infiltrate formation due to the larger caliber and more vertical orientation of the right mainstem bronchus**

**119. COPD patient , with chronic $CO_2$ retention , presented to ER with shortness of breath and was given 100% $O_2$ and his condition worsened , because his respiratory center was driven by :**
a) Hypoxemia

**120. 19 years old girl with URTI, lymphadenopathy and splenomegaly, the most likely diagnosis is:**
a) Infectious mononucleosis
b) Streptococcus pharyngitis

**121. The Screening Questionnaire to recognize primary snoring from OSAS is :**
a) ottawa Questionnaire
b) Horchover Questionnaire

**122. Patient with symptoms of Mild intermittent asthma , converted to mild persistant asthma and patient on albterol, you have to add :**
a) Long acting beta
b) Short acting inhaled steroid

**123. Patient has asbestosis what you will see**
a) **plural calcification**
b) **plural effusion**
c) **diffuse infiltration**

**124. Which one of these patients with pneumonia will you treat as outdoor patient:**
a) 80 Years old with 104 F temperature, BR 24/min PR 126/min, BP 180/110
b) 60 years old with 102 F temperature BR 22/min PR 124/min, BP 160/110
c) 50 years old with 98 F temperature, BR 20/min. HR 110/min, BP 180/110
d) 80 years old with 96 F temperature, BR 18/min, HR 70/min, BP 110/80

- **According to pneumonia severity index calculator (class IV and V need hospitalization class III depend on clinical judgment) the high blood pressure is not involved in calculation.**
  - **a- Class III**
  - **b- Class II**
  - **c- class I**
  - **d- class III**

**125. Scenario for a patient with severe asthma , tight chest , tachypnea and $CO_2$ = 50, next step :**
a) Aminophylin
b) Intubation ……
c) Short acting beta and discharge him

- **In acute asthma give venolin+ipratropium promide(atrovent)**

**126. Young lady with emphysema:**

a) Alpha 1 anti-trypsin deficiency

**127. 35 years old male patient complaining of allergic rhinitis and bronchial asthma poorly controlled presented with history of skin rash ,diffuse severe abdominal pain and hand joints pain for 2 days , on examination there are diffuse purpuric skin rash and small joint tenderness with mild effusion , the most likely diagnosis is…**

a) Churg-strauss syndrome

**128. 34 years old female presented with cough, dyspnea for months exam showed cervical adenopathy , hepatomegaly to confirm likely diagnosis you will do:**

a) Liver biopsy
b) Bronchoscopic lung biopsy
c) Scalene nodal biopsy
d) ACEI level

- **Explanation: Yes, Lung biopsy to confirm diagnosis sarcodosis.**

**129. Patient daily asthma , nothing at night, using herbal for 2 months with no improvement :**

a) Inhalation salbutamol
b) High dose steroid inhaler
c) Ipratropium

**130. Patient with recent history of URTI, develop sever conj. Injection with redness, tearing, photophobia, so what is TTT?**

a) Topical antibiotic
b) Topical acyclovir
c) Oral acyclovir
d) Topical steroid

- **Explanation: photophobia is caused by adenovirus treated by topical steroid**

**131. In moderate to severe asthmatic patient , you will find all the following EXCEPT:**

a) PO2 <60
b) PCO2 > 60
c) Low HCO3
d) IV hydrocortisone will relieve symptoms after few hours

**132. Patient with moderate persistent BA, on short acting B agonist and low dose steroid inhaler. What will be the next step:**

a) Add long acting B agonist to steroid
b) Increase dose of steroid
c) Theophylline
d) Ipratropium

**133. Asbestosis :**

a) Bilateral fibrosis --- the end result
b) Pleural calcification --- the specific sign

**134. Asthma patient complaining of attacks before exercise and expose to cold what you will give him as prophylaxis:**

a) Inhaled steroid
b) Inhaled short acting B agonist

**135. Regarding lung cancer :**

a) It's the leading cause of death in females
b) Adenocarcinoma common in the proximal part
c) Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
d) bronchoscopy should be done

**136. In order to confirm the diagnosis of asthma patient in the office by using spiromerty after giving beta agonist?**

a) fev1 show no change
b) fev1 will increase to 95
c) Fev1 will decrease to..

**137. A scenario about a young male patient with history of falling down a ladder. The physical exam was going with pneumothorax. Next step**

a) Needle thoracotomy
b) X-ray
c) Reassurance
d) Chest tube

**138. COPD patient presented with acute symptoms not responding to bronchodilators , what is the next step:**

a) Repeat bronchodilators
b) IV steroids
c) IV theophylline

**139. Young adult in endemic area crepitation bilaterally with monopheseal sound in auscultation what to give vaccination:**

a) Haemophilus influenzae
b) Meningococcal

**140. Patient with chest pain x-ray revealed pleural effusion, high protein & high HDL:**

a) TB
b) CHF
c) Hypothyroidism
d) Hypoprotienemia

**141. A long case about a young patient presented with pleuretic chest pain and decreased breath sounds and chest movement on the right side. No history of trauma and an X-ray was given (the resolution was very bad and it wasn't clear. What is the next appropriate step:**

a) Reassurance
b) Call 911
c) CT chest

**142. Patient with ARDS in hospital he develops tension pneumothorax. What is the cause?**

a) Negative pressure ventilation
b) 100% o2

- **Both negative & positive can cause pneumothorax, if any of them is there choose it, if both choose positive because it is more likely.**

CHAPTER 1

# Internal Medicine
# Gastroenterology

C
Section

1. **Woman complaining of burning retrosternal pain with normal ECG what is the treatment?**
 a) **PPI (Proton Pump Inhibitor)**

- **Retrosternal pain is usually because of regurgitation but cardiopulmonary causes must be excluded, in this case it is excluded by an ECG.**

2. **15 years male with history of 3 days yellow sclera, anorexia, abdominal pain, LFT: T. bilirubin = 253 Indirect = 98 ALT = 878, AST = 1005, what is the diagnosis?**
 a) Gilbert disease
 b) **Infective hepatitis**
 c) Obstructive Jaundice
 d) Acute pancreatitis
 e) Autoimmune hepatitis

- **In Gilbert disease bilirubin is increased with normal liver enzymes, for obstructive jaundice the indirect bilirubin would be normal and the direct would increase, acute pancreatitis serum amylase and lipase are the main diagnostic test, infective hepatitis (Hep A) is of an acute onset with elevated liver enzymes to more than 10 folds.**

3. **Middle age woman presented with upper abdominal pain, increase by respiration. On examination temperature 39 °C, right hypochondrial tenderness, her investigations: Bilirubin & ALT → normal, WBC 12.9, your next step is:**
 a) chest X-ray
 b) **abdominal ultrasound**
 c) Serum amylase
 d) ECG
 e) Endoscopy

- **By sign and symptoms most commonly this is an acute cholecystitis and sonography is a sensitive and specific modality for diagnosis of acute cholecystitis**

4. **Gastric lavage can be done to wash all of the followings except:**
 a) **Drain cleanser**
 b) Vitamin D
 c) Diazepam
 d) Aspirin

- **Drain cleanser is a sulphuric acid and its ingestion cause GI perforation and ARDS so no use of gastric lavage.**

5. **Which of the following method is rapid and best for complete gastric evacuation?**
 a) G lavage
 b) Manual induce Vomiting
 c) Syrupe
 d) **Active charcoal**

6. **Patient with vomiting and diarrhea and moderate dehydration, how to treat:**
 a) **ORS only**

- **Medications such as loperamide, anticholinergic, and adsorbents are not recommended in dehydration because of questionable efficacy and potential adverse effects.**
- **Rapid oral rehydration with the appropriate solution has been shown to be as effective as intravenous fluid therapy in restoring intravascular volume and correcting acidosis.**

7. **Drug addict swallowed open safety pins since 5 hours, presented to the ER, X rays showed the foreign body in the intestine. Which is the best management:**
 a) shift to surgery immediately
 b) discharge and give appointment to follow up
 c) **admit and do serial abdominal X-rays and examination**
 d) give catharsis : MgSO4 250 mg

- **There is a chance that safety pins pass without any significant damage to the GI tract but caution must be taken and patient is under observation by serial X-rays.**
- **If patient develop signs of perforation immediate surgery is crucial.**

8. **Patient with hepatosplenomegally and skin bruises and cervical mass what is the initial investigation;**
 a) **Bone marrow**

- **The presenting symptoms is likely to occur in leukemic patients, bone marrow biopsy is one of the initial investigations along with CBC with differential, chest X-rays.**

9. **which of the following is an indication of surgery in Crohn's disease:**
 a) **Internal fistula Or intestinal obstruction**

- **Most patients with Crohn's disease ultimately require one or more operations in their lifetime. Operative indications are the same no matter where the disease manifests itself. They include:**
  - **Failure of medical therapy**
  - **Obstruction , fistula, abscess or Hemorrhage**
  - **Growth Retardation (in the pediatric population)**
  - **Perforation , Carcinoma &extraintestinal manifestations**

10. **40 years old Patient known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. On Examination, soft abdomen, normal bowel sounds, normal range of motion of hip. What is the best radiological diagnosis?**
 a) Abdominal US
 b) **Abdominal CT**
 c) Hip CT
 d) IV venogram
 e) Kidney US

11. **Initial investigation in small bowel obstruction :**
 a) **Erect & supine abdominal X- ray**

- **Plain film is valuable for imaging triage and it has been recommended that where the initial X-ray suggests complete or high-grade obstruction and a trial of conservative management is contemplated.**

12. **In which group you will do lower endoscopy for patients with iron deficiency anemia in with no benign cause:**
 a) male all age group
 b) children
 c) **perimanupausal women & male more than 59 years**
 d) women + OCP

- **Older men and postmenopausal women with iron deficiency anemia are routinely evaluated to exclude a gastrointestinal source of suspected internal bleeding.**

**13. What is the contraindicated mechanism in a child swallowed a bleach cleaner solution:**

a) Gastric lavage

- **Bleach cleaner is a strong alkali that cause GI perforation, aspiration pneumonia and ARDS. The best measure is to drink milk to normalize PH.**

**14. Elderly women present with diarrhea, high fever & chills, other physical examination is normal including back pain is normal , Diagnosis:**

a) Pyelonephritis.
b) Bacterial gastroenteritis
c) Viral gastroenteritis.

- **In general, viral infections are systemic affecting GI tract, causing fever and chills. Pyelonephritis excluded no severe back pain.**

**15. Patient presented to the ER with diarrhea, nausea, vomiting, salivation, lacrimation and abdominal cramps. What do you suspect?**

a) Organophosphate poisoning

- **cause the inhibition of acetylcholinesterase leading to the accumulation of acetylcholine in the body which cause Salivation, Lacrimation, Urination, Defecation, Gastrointestinal motility, Emesis, miosis.**

**16. Treatment of pseudomembranous colitis:**

a) Metronidazole
b) Vancomycin
c) Amoxicillin
d) Clindamycin

- **Mild to moderate disease is treated with IV metronidazole, oral Vancomycin for sever disease but presents the risk of the development of Vancomycin-resistant enterococcus.**

**17. Patient had HBsAB +ve, but the rest of the hepatitis profile was negative. The diagnosis is:**

a) Immunization from previous infection, past exposure or vaccination
b) Carrier state
c) Chronic hepatitis
d) Active infection

| Test Result | Interpretation |
|---|---|
| HBsAg (—)<br>Total anti-HBc (—)<br>anti-HBs (—) | Susceptible |
| HBsAg (—)<br>Total anti-HBc (+)<br>anti-HBs (+) | Immune due to natural infection |
| HBsAg (—)<br>Total anti-HBc (—)<br>anti-HBs (+) | Immune due to hepatitis B vaccination |
| HBsAg (+)<br>Total anti-HBc (+)<br>IgM anti-HBc (+)<br>anti-HBs (—) | Acutely infected |
| HBsAg (+)<br>Total anti-HBc (+)<br>IgM anti-HBc (—)<br>anti-HBs (—) | Chronically infected |
| HBsAg (—)<br>Total anti-HBc (+)<br>anti-HBs (—) | Four interpretations possible<br>1. Recovering from acute HBV infection<br>2. Distantly immune and test not sensitive enough to detect very low level of serum anti-HBs<br>3. Susceptible with a false positive anti-HBc<br>4. Chronic HBV infection with rare circumstance where HBV does not produce detectable HBsAg |

**18. 24 years old man presented with 4 month history of diarrhea with streaks of blood & mucous. Ulcerative colitis was confirmed by colonoscopy. The initial therapy for this patient:**

a) oral corticosteroid
b) azathioprine
c) infleximabe
d) Aminosalicylic acid
e) **Sulfasalazine**

- **In Crohn's disease and ulcerative colitis, it is thought to be an anti-inflammatory drug that is essentially providing topical relief inside the intestine.**

**19. Which of the following organisms can cause invasion of the intestinal mucosa, regional lymph node and bacteremia:**

a) **Salmonella**
b) Shigella
c) E. coli
d) Vibrio cholera
e) Campylobacter jejeni

- **Shigella& E. coli do not invade beyond the lamina propria into the mesenteric lymph nodes or reach the bloodstream while salmonella does.**

**20. Patient presented with severe epigastric pain radiating to the back. He has past hx of repeated epigastric pain. Social history: drinking alcohol. What's the most likely diagnosis:**

a) MI
b) **Perforated chronic peptic ulcer**

- **Severe back pain with history of chronic peptic ulcer is indicative of perforation add the Hx of alcohol.**

**21. A female patient has clubbing, jaundice and pruritus. Lab results showed elevated liver enzymes (Alkaline phosphatase), high bilirubin, hyperlipidemia and positive antimitochondrial antibodies. What's the most likely diagnosis:**

a) Primary sclerosing cholangitis
b) **Primary biliary cirrhosis**

- **PBC is an autoimmune disease destroys (bile canaliculi) within the liver and leads to cholestasis and elevated liver enzymes. 9:1 (female to male). Diagnosed by Presence of AMA and ANA.**

**22. Patient came recently from Pakistan after a business trip complaining of frequent bloody stool. The commonest organism causes this presentation is:**

a) TB
b) Syphilis
c) AIDS
d) **Amebic dysentery**
e) E.coli

- **Entamoeba histolytica is mainly found in tropical areas and presents as a bloody stool.**

**23. Erosive gastritis:**

a) Happened within one week of injury
b) **Happened within 24 hrs of injury.**

**24. Patient with acute abdomen you will find :**

a) **Rapid shallow breath**
b) rapid prolonged breath

- **Peritonitis leading to reduction of abdominal and respiratory movement.**

**25. about hepatitis b vaccination scheduling for adult:**

a) **3 doses only**

| Hepatitis B Vaccine Schedule for Adults ≥ 20 Years* |
|---|
| 0, 1, and 6 months |
| 0, 1, and 4 months |
| 0, 2, and 4 months |
| 0, 1, 2, and 12 months† |
| *All schedules listed are applicable to single-antigen hepatitis B vaccines; if the combined hepatitis A and hepatitis B vaccine (*Twinrix* ) is used, administer 3 doses at 0, 1, and 6 months (alternatively a 4-dose schedule on days 0, 7, and 21-30, followed by a booster dose at 12 months may be used). †A 4-dose schedule of *Engerix*-B is licensed for all age groups. Adult patients receiving hemodialysis or or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (*Recombivax* HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (*Engerix*-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months. |

**26. Patient took high dose of acetaminophen presented with nausea & vomiting, investigation shows increase alkaline phosphatase and bilirubin, which organ is affected?**

a) Brain
b) Gastro
c) **Liver**

- **Alkaline phosphatase and bilirubin are part of LFT.**

**27. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness DX :**

a) Diverticulitis
b) Colon cancer
c) **Obstruction**

- **Diverticulitis usually present as diarrhea, crampy abdominal pain is an evidence of obstruction.**

**28. Old male patient came with fever, abdominal pain, diarrhea, loss of weight, positive occult blood, labs shows that the patient infected with streptococcus bovis, what you will do?**

a) Give antibiotic
b) ORS
c) Abdominal X-Ray
d) **Colonoscopy**
e) Metronidazole

- **Because there is a strong association between infections with S. bovis and colonic neoplasms and other lesions of the gastrointestinal tract, evaluation of the gastrointestinal tract with colonoscopy is important for patients with infections due to this organism**

**29. Patient came with chest pain, burning in character, retrosternal, increase when lying down, increase after eating hot food, clinical examination normal, what is the diagnosis?**

a) MI
b) pepticulcer
c) **GERD**

**30. Adult patient with history of sickle cell anemia, he at risk of**

a) **Infarction**

**31. Benign tumors of stomach represent almost :**

a) **7 %**
b) 21 %
c) 50 %
d) 90 %

- **Benign tumors of stomach are not common and constitute only 5–10% of all stomach tumors.**
- **Benign tumors of Duodenum = 10-20%**

**32. 40 years old with mild epigastric pain and nausea for 6 months, endoscopy shows loss of rugal folds, biopsy shows infiltration of B lymphocytes, treated with antibiotic, what is the cause?**

a) Salmonella
b) **H.pylori**

**33. After dinner 4 of family members had vomiting &diarrhea, what is the causetive organism?**

a) Salmonella
b) **Staphylococcus**
c) C. diff

- **Staphylococcal food poisoning** onset is **generally 30 minutes to 8 hours after eating.**
- **In salmonella onset comes later to 8 hrs.**

**34. Vitamin C deficiency will affect :**

a) **Collagen synthesis**
b) Angiogenesis
c) Epithelization
d) Migration of microphage

**35. Patient with perianal pain, Increase during night and last for few minutes :**

a) **Proctalgiafugax**
b) Ulcerative colitis

- **Proctalgiafugax most often occurs in the middle of the night and lasts from seconds to minutes**

**36. Young patient came with peptic ulcer, which of the following doesn't cause it :**

a) Sepsis
b) Delayed gastric emptying
c) **TCA**
d) Aspirin use
e) Pyloric sphincter stricture

**37. Drug abuser, showed RNA virus what is the diagnosis :**

a) HBV
b) **HCV**
c) HEV
d) HDV

- **HBV and HCV are transmitted parentrally, HCV is a RNA virus and HBV is a DNA virus.**

**38. Old patient with positive occult blood in stool**

a) **Colonoscopy**

- **Risk of colonic malignancy increased in older age especially with positive occult blood test.**

**39. Patient with cirrhosis, ascites, lower limb edema best to give :**

a) Thiazide
b) **Spironolactone**

- **Thiazide cause Hypokalemia and extracellular alkalosis and this is not tolerable by cirrhotic patients. While spironolatone showed less complication with long term use.**

**40. Young male known case of sickle cell anemia presented with abdominal pain & joint pain. He is usually managed by hospitalization. Your management is:**

a) In-patient management & hospitalization
b) Out-patient management by NSAID
c) **Hydration, analgesia & monitoring.**
d) Narcotic opioids

**41. Patient with celiac sprue he should take:**

a) Carbohydrate free diet
b) Protein free diet
c) **Gluten free diet**

- **To prevent immune reaction causing vilious atrophy.**

**42. First sign of MgSO4 overdose:**

a) **Loss of deep tendon reflex**
b) Flaccid paralysis
c) Respiratory failure

- **Clinical consequences related to serum concentration:**
  - 4.0 mEq/l →hyporeflexia
  - >5.0 mEq/l →Prolonged atrioventricular conduction
  - >10.0 mEq/l →Complete heart block
  - >13.0 mEq/l →Cardiac arrest

**43. About alcohol syndrome?**

a) **Leads to facial anomaly and mental retardation**
b) reduce to 1 glass of wine to decrease the risk of alcohol syndrome
c) wine will not cross the placenta

- **Fetal alcohol syndrome is a pattern of mental and physical defects that can develop in a fetus in association with high levels of alcohol consumption during pregnancy**

**44. Patient with dysphagia to solid and liquid, and regurgitation, by barium there is non peristalsis dilatation of esophagus and air-fluid level and tapering end, what is the diagnosis?**

a) Esophageal spasm
b) **Achalasia**
c) Esophageal cancer

- **Achalasia characterized by incomplete LES relaxation, increased LES tone and lack of peristalsis of the esophagus**

**45. Patient with nausea, vomiting and diarrhea developed postural hypotension. Fluid deficit is:**
a) Intracellular
b) **Extracellular**
c) Interstitial

**46. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:**
a) **ERCP**
b) US

- **ERCP can be performed as diagnostic (standard) and therapeutic.**

**47. 25 years old Saudi man presented with history of mild icterus, otherwise ok, hepatitis screen: HBsAg +ve , HBeAg +ve, anti HBc Ag +ve (this should be core anti body, because core antigen doesn't leave hepatocyte to the blood), the diagnosis :**
a) **Acute hepatitis B**
b) Convalescent stage of hepatitis B
c) Recovery with seroconversion hepatitis B
d) Hepatitis B carrier
e) Chronic active hepatitis B

- **HBsAg First detectable agent in acute Infection Present as early as incubation period.**
- **HBeAg Highly Infectious State, IgM anti-HBc +ve in acute infection**

**48. 23 years old female presented with finding of hyperbilirubinemia, normal examination, invstigation shows total biliurubin= 3.1 , direct biliurubin= 0.4, the most likely diagnosis:**
a) **Gilbert's disease**
b) Criglernajjar syndrome 1
c) Duben Johnson syndrome
d) Rotor's disease
e) Sclerosing cholangitis

- **Gilbert's disease**: asymptomatic, discovered incidentally, no treatment required and slight increase bilirubin
- **Criglernajjar syndrome1:** this can't survive adult life. Only type II survive
- **Duben Johnson syndrome & Rotor's disease**: direct bilirubin (Q about indirect)
- **Sclerosing cholangitis**: 75% in men, pruritus & diagnosis by ERCP (MRCP)

**49. 48 years female patient with abdominal pain, nausea, vomiting tenderness in right hypochondrial area your diagnosis is :**
a) **Acute cholecystitis**

**50. 50 years old male with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & weight loss. The most likely diagnosis is:**
a) Cricopharyngeal dysfunction
b) Achalasia
c) Diffuse spasm of the oesophagus.
d) Scleroderma.
e) **Cancer of cervical esophagus.**

- **The presenting symptoms are suggestive of malignancy (old age, weight loss, hoarseness, lump and excessive salivation)**

**51. What is the most common cause of chronic diarrhea**

a) **Irritable bowel syndrome**

**52. Gastresophageal Reflux Disease best diagnosed by:**

a) History
b) Physical examination & per-rectal examination
c) History & barium meal
d) **History & upper GI endoscopy**

- **Because we have to rule out other important differential diagnosis like esophagitis, infection, duodenal or gastric ulcers, cancers.**

**53. Patient was diagnosed to have duodenal ulcer and was given ranitidine for 2 weeks and now he is diagnosed to have H. pylori. What is your choice of management?**

a) **Omeprazol, clarithromycin &amoxicillin**
b) Bismuth+ tetracycline+ metronidazole
c) Metronidazole and amoxicillin.
d) Omeprazole+ tetracycline.

**54. Irritable bowel syndrome all EXCEPT**

a) Abdominal distention
b) Mucous PR
c) Feeling of incomplete defecation
d) **PR bleeding**

- **Rome II criteria for IBS: At least 3 months (consecutive) of abdominal pain with 2 out of the following 3:**
- **Relief with defecation, change in form of stool or change in frequency of stool. Symptoms that support the diagnosis abnormal stool frequency, abnormal form, abnormal passage (straining, urgency, sense of incomplete defecation), passage of mucous and bloating or feeling of distention. Absence of alarming features which are weight loss, nocturnal defecation, blood or pus in stool, fever, anemia and abnormal gross findings on flexible sigmoidoscopy.**

**55. Young patient complain of watery diarrhea, abdominal pain, with a previous history of mucus diarrhea. Symptom improve when sleep**

a) Crohn's
b) UC
c) **IBS**

**56. One type of food is protective against colon cancer:**

a) Vitamin D
b) **Fibers**

- **Colon cancer the presumed environmental influence is high fat consumption and low fiber consumption.**

**57. Regarding H. Pylori eradication:**

a) Clarithromycin for 1 week
b) Bismuth, ranitidine amoxil for 2 weeks
c) **PPI 2 weeks, amxilor 1 week clarithromycin**

- **Recommended treatment of H.pylori: eradication upon documentation of infection is controversial since most will not have peptic ulcer or cancer.**
- **1st line PPI+ clarithromycin + amoxicillin or metronidazole (3 drugs, twice daily for one week).**

**58. 70 years old woman presented with 3 days history of perforated duodenal ulcer, she was febrile, semi-comatose and dehydrated on admission. The BEST treatment is:**

a) Transfuse with blood, rehydrate the patient , perform vagotomy and drainage urgently
b) Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and observe.
c) **Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and perform plication of the perforation.**
d) Hydrate the patient ,give blood ,give systemic antibiotics and perform hemigastrectomy

- **Also, a NG tube is placed to suction out stomach juices so they do not flow out the perforation.**
- **Laparoscopic repair of duodenal perforation by Graham patch plication is an excellent alternative approach**

**59. 28 year old lady presented with history of increased bowel motion in the last 8 months. About 3-4 motions/day. Examination was normal. Stool analysis showed Cyst, yeast, nilMucus, Culture: no growth, what is the most likely diagnosis?**

a) **Inflammatory bowel disease**
b) Irritable bowel disease
c) diverticulitis

- **After exclusion of infection, mucus secretion commonly happens in inflammatory bowel disease more than irritable bowel disease.**

**60. 40 year old man presented to the ER with 6 hour history of severe epigastric pain radiating to the back like a band associated with nausea. No vomiting, diarrhea or fever. On examination the patient was in severe pain with epigastric tenderness. ECG was normal, serum amylase was 900u/l, AST and ALT are elevated to double normal. Which of the following is the least likely precipitating factor to this patient's condition?**

a) Hypercalcemia
b) **Chronic active hepatitis**
c) Chronis alcohol ingestion
d) Hyperlipedemia
e) Cholethiasis

- **Hypercalcemia, chronic alcohol ingestion, cholethiasis and hyperlipidemia are precipitating factors leading to acute pancreatitis.**

**61. In the neck, esophagus is:**

a) **Posterior to the trachea**
b) Anterior to the trachea
c) Posterior to vertebral column

**62. The single feature which best distinguishes Crohn's disease from ulcerative colitis is:**

a) Presence of ileal disease.
b) Cigarette smoking history.
c) Presence of disease in the rectum.
d) **Non-caseating granulomas.**
e) Crypt abscesses.

- **The best distinguishing feature is non-cassiating granuloma which is present in only 30 % of patients with CD however when it occurs this is definitively CD. The rest of the features are can occur in either.**

**63. Gold standard imaging in acute pancreatitis :**

a) **CT scan**

**64. Patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:**

a) **Diverticulitis**
b) colon cancer
c) crohn disease

**65. 45 years old man presented with anorexia, fatigue and upper abdominal pain for one week. On examination he had tinge of jaundice and mildly enlarged tender liver. Management includes all EXCEPT:**

a) Liver ultrasound
b) **ERCP**
c) Hepatitis markers
d) Serum alanine transferase
e) Observation and follow up

- **The case looks like acute hepatitis with the acute history, the fatigue, mild jaundice and mild Hepatomegaly.**
- **Investigations include LFT, hepatitis markers and US liver. Treatment is observation and follows up. ERCP is not needed (not obstructive).**

**66. 30 years old man presented with upper abdominal pain and dyspepsia. Which of the following doesn't support the diagnosis of peptic ulcer:**

a) Hunger pain
b) Heart burn
c) **Epigastric mass**
d) Epigastric tenderness
e) History of hematemesis

- **The symptoms of peptic ulcer include pain, dyspepsia, heartburn, bleeding, gastric outlet obstruction but don't explain the presence of a mass.**

**67. Hepatitis most commonly transferred by blood is:**

a) HBV.
b) HAV.
c) **HCV**
d) None of the above.

- **HBV transmission by blood was common before effective screening tests and vaccines were available. HAV is transmitted via enteral route. HCV recently with PCR technology began to have a screening test, but transmission remains high as many infected individuals are carriers.**

**68. All of the following organisms causes diarrhea with invasion except:**

a) **Shigella**
b) Yersenia
c) Salmonella
d) Cholera
e) Campylopacter

- **Shigella does not invade beyond the lamina propria into the mesenteric lymph nodes or reach the bloodstream while others do.**

**69. Premalignant lesions have:**

a) Pedunculated polyps.
b) **Villous papilloma (adenoma).**
c) Polypoidpolyp.
d) Juvenile polyp.

**70. Patient with hepatitis B then he said which one of the following antigens appear in the window period?**

a) HBS ag
b) Hbcag
c) Anti HBe
d) **Anti Hbc antibody "IgM against HBc"**

**71. Treatment of erosive gastritis?**

a) Antibiotics
b) H2 blocker
c) **Depend on the patient situation**
d) Total gastroectomy
e) sucralfate

**72. Which of the following is true regarding Crohn's disease:**

a) Partial thickness involvement.
b) **Fistula formation.**
c) Continuous area of inflammation.
d) Mainly involve the recto sigmoid area.

- **Crohn's disease can lead to several mechanical complications within the intestines, including obstruction, fistulae, and abscesses.**

**73. A man travelled to Indonesia and had rice and cold water and ice cream. He is now having severe watery diarrhea and severely dehydrated, what is the most likely he has:**

a) **Vibrio cholera**
b) clostridium difficile
c) Clostridium perfringens
d) Dysentery
e) Shigella

- **Watery diarrhea indicates cholera infection and it's endemic in Indonesia.**

**74. 60 years old male patient complaining of dysphagia to solid food. He is a known smoker and drinking alcohol, he has weight loss, what's the most likely diagnosis?**

a) **Esophageal cancer**
b) GERD
c) Achalasia

**75. 75 years old female with 2 days history of MI is complaining of abdominal pain, vomiting, bloody stool ,x-ray shows abdominal distension with no fluid level, serum amylase is elevated. Dx :**

a) Ulcerative colitis
b) acute pancreatitis
c) **Ischemic colitis**
d) Diverticulitis

**76. Which is true about gastric lavage?**

a) It is safer than ipecac if the patient is semiconscious
b) It is done to the patient in right Decubitus position
c) **It is useless for TCA if the patient presented after 6 hrs**

- **Gastric lavage with Activated charcoal is most useful if given within 1 to 2 hours of ingestion.**
- **Lavage is effective only 1 hour after ingestion of any poison. After that its ineffective**

**77. Ibuprofen is contraindicated if patient has :**

a) **Peptic ulcer**
b) Seizures
c) RA

- **Ibuprofen is a Non-Steroidal Anti-Inflammatory Drug "NSAID"**
- **Reduction of prostaglandin secretion and protective mechanism of gastric mucosa.**

**78. Patient come with jaundice, three days after the color of jaundice change to greenish what is the cause?**

a) **Oxidation of bilirubin to bilivedin which is greenish in color**

**79. In irritable bowel Syndrome the following mechanism, contraction and slow wave myoelectricity seen in:**

a) **Constipation**
b) Diarrhea

**80. kwashikor disease usually associated with**

a) decrease protein intake, decrease carbohydrate
b) increase protein , increase carbo
c) **Decrease protein, increase carbohydrate**

- **There is decrease protein and adequate amount of carbohydrate**

.

**81. Patient with peptic ulcer using anti acid, presented with forceful vomiting food particle:**

a) **Gastric outlet obstruction**

- **Forceful vomiting of undigested food indicate a proximal obstruction**

**82. Celiac disease severe form involve**

a) **Proximal part of small intestine**
b) distal part of small intestine
c) proximal part of large intestine
d) distal part of large intestine

- **Pathological abnormalities of celiac disease may include severe, mild or moderate small bowel mucosal architectural abnormalities that are associated with both epithelial cell and lymphoid cell changes, including intraepithelial lymphocytosis.**
- **Architectural changes tend to be most severe in the duodenum and proximal jejunum and less severe, or absent, in the ileum.**

**83. GERD which cancer is the patient at risk of contracting?**

a) **Adenocarcinoma**

- **The histology of the esophagus is columnar epithelium with persisting GERD changed to Squamous epithelium**
- **Cancer of Squamous epithelium is an Adenocarcinoma.**

**84. High risk for developing colon cancer in young male is:**

a) Smoking, high alcohol intake, low fat diet
b) Smoking, low alcohol intake, high fat diet
c) **Red meat diet, garden's disease (Gardner syndrome)**
d) Inactivity, smoking

- **Gardner syndrome is now known to be caused by mutation in the APC gene predisposing to colon cancer.**

**85. All the following are differentials of acute abdomen except:**

a) Pleurisy(Diaphragmatic pleurisy has sometimes been incorrectly diagnosed "acute disorder of the abdomen
b) MI
c) Herpes zoster (visceral type cause acute abdomen)
d) polyarteritisnodsa (cause acute abdomen through ischemia)
e) pancreatitis

**86. Man with history of alcohol association with**

a) high MCV
b) Folic acid deficiency
c) B12 deficiency
d) hepatitis

- **People with excessive alcohol intake and malnutrition are still at high risk of folic acid deficiency.**

**87. Prophylaxis of cholera :**

a) Good hygiene, sanitation and oral vaccine, in epidemic public: mass single dose of vaccine & tetracycline.

**88. 6 month old baby presented to the clinic with 2 days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanel& sunken eyes. The Best estimate of degree of dehydration:**

a) 3%
b) 5%
c) 10%
d) 15%
e) 25%

| Feature | Mild Dehydration (<5%) | Moderate Dehydration (5% to 10%) | Severe Dehydration (>10%) |
|---|---|---|---|
| Heart rate | Normal | Slightly increased | Rapid, weak |
| Systolic blood pressure | Normal | Normal to orthostatic, >10 mm Hg change | Hypotension |
| Urine output | Decreased | Moderately decreased | Markedly decreased, anuria |
| Mucous membranes | Slightly dry | Very dry | Parched |
| Anterior fontanel | Normal | Normal to sunken | Sunken |
| Tears | Present | Decreased, eyes sunken | Absent, eyes sunken |
| Skin* | Normal turgor | Decreased turgor | Tenting |
| Skin perfusion | Normal capillary refill (<2 seconds) | Capillary refill slowed (2--4 seconds); skin cool to touch | Capillary refill markedly delayed (>4 seconds); skin cool, mottled, gray |

**89. 22 years old male patient was presented by recurrent attacks of diarrhea , constipation , and abdominal pain relieved after defecation , but no blood in the stool , no weight loss : what is the diagnosis**

a) Irritable bowel Syndrome

**90. Young healthy male has abdominal pain after basketball. Examination fine except for Left paraumbilical tenderness, what to do?**

a) Abdominal US
b) Flat plate graph
c) Send home & reassess within 48 hours

**91. Chronic Diarrhea is a feature of:**

a) Hypernatremia
b) HyperCalcemia
c) Hypomagnesaemia
d) **Metabolic Alkalosis**

**92. Teacher in school presented with 3 days history of jaundice & abdominal pain, 4 of school student had the same illness in lab, what is true regarding this patient?**

a) Positive for hepatitis A IgG
b) **Positive hepatitis A IgM**
c) Positive hepatitis B core
d) Positive hepatitis B c anti-body

- **IgM appears earlier than IgG in HBA infection**

**93. Which of the following features of ulcerative colitis distinguishes it from Crohn's disease**

a) Possible malignant transformation(both but more in UC)
b) Fistula formation(common in CD)
c) **Absence of granulomas**
d) Colon involvement (both)

**94. long case of hemochromatosis with liver cirrhosis and decrease weight last visit = 90 now 84 , next step investigation :**

a) Hepatitis C serology
b) Alpha phetoprotein
c) **Abdominal ultra sound**

**95. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause:**

a) **Immunological**

**96. Which of the following is true regarding varicella vaccine during breast feeding :**

a) **It is safe.**
b) No breast feeding except after 3 days of the immunization.

- **There are no data on the excretion of varicella virus vaccine in human milk.**

**97. patient was screened for HBV and HbsAg and HbeAg were +ve , what is next**

a) **HBv DNA load**
b) Start him of treatment

**98. a graph showing two curves one is labeled as A the other is B , it shows serology for HBV :**

a) HbAg and Antibody
b) **HbAg and IgG antibody my answer**

**99. A lady presented with fatigue, RUQ pain, jaundice and bruises and had compression vertebral fracture. Investigation showed high Cholesterol and positive antimichondorial antibodies. The diagnosis is:**

a) **Primary biliary cirrhosis**
b) Carcinoma of the bile duct.
c) Primary Sclerosing Cholangitis.

**100. The best investigation for acute diverticulitis is**

a) US
b) Barium enema
c) **CT**
d) Colonoscopy
e) Sigmoidoscopy

- **Diverticulitis: Chest X-ray with the patient upright can aid detection of pneumoperitoneum.**
- **Abdominal X-rays may demonstrate small or large bowel dilation or ileus, pneumoperitoneum, bowel obstruction, or soft tissue densities suggesting abscesses.**
- **Contrast enemas: limited value; findings suggestive of diverticulitis include extravasated contrast material outlining an abscess cavity, intramural sinus tract or fistula.**
- **CT scanning with intravenous, oral or rectal contrast: sensitivities and specificities for CT are significantly better than for contrast enemas. When an abscess is suspected, CT scanning is the best modality for making the diagnosis and following its course**
- **Because of risk of perforation, endoscopy is generally avoided in initial assessment of the patient with acute diverticulitis. Its use should be restricted to situations when the diagnosis in unclear, to exclude other possible diagnoses.**

**101. patient with liver dis. Jaundice Bx showed fibrosis which diet is good for him:**

a) **Low protein diet**

**102. Patient with active hepatitis what medication should not to give:**

a) Ranitidine
b) Heparin
c) **Atrovastsin**

**103. Reflux esophagitis:**

a) **Mimic heart dis.**

**104. Barrett esophagus how to precede :**

a) **f/u endoscopy for ...... to look for change in metaplasia**

**105. Patient with Barrett's esophagus. What is the kind of malignancy associated?**

a) **Adenocarcinoma**

**106. Peritoneal lavage when to say the amount is suffusion**

a) 2l blood
b) 1000wbs \ rbs
c) **500wbs**

**107. Patient with abdominal pain and distension with vomiting and constipation. He has mild symptoms of dehydration. There is evidence of air in the rectum. The Rx:**

a) Rectal decompression with IV antibiotics
b) **Nasogastric tube with IV isotonic fluid**
c) Systemic antibiotics

**108. Patient has solid dysphagia best for diagnosis:**

a) **endoscopy +biopsy**

**109. 70 year old male with chronic Hepatitis B virus antigen carrier. The screening of choice is :**

a) Alfaprotien + liver ultrasound
b) Alfaprotien + another tumor marker
c) Abdominal CT + abdominal ultrasound

**110. 60 year old male presented with progressive jaundice without abdominal pain :**

a) head pancreas cancer
b) gall stone
c) cholangitis

**111. Old patient with sense of fullness without pain in the abdomen, no GI symptoms, No other complaints, K/C of HTN,DM , O/E pulsatile mass in the mid abdomen, what is the diagnosis ?**

a) Horse-shoe kidney
b) Colon ca.
c) AAA
d) Periumbilical hernia

**112. A young boy presented with jaundice, high liver enzymes and kayser-fleisher rings. what is the most proper treatment?**

a) British anti-lewisite
b) Penicillamine
c) Desferroxamine

**113. Elderly patient with glossitis ,diarrhea , weight loss , anorexia and macrocytic anemia :**

a) Iron deficiency anemia
b) Pernicious anemia
c) colon cancer
d) thalassemia

**114. Patient is on TB prophylaxis INH ''Isoniazid'' what does the physician have to monitor :**

a) Liver function test
b) Spirometry
c) RFT

**115. Patient with trauma has abdominal pain diagnosed as intramural hematoma otherwise pt is stable**

a) Rest the bowel and observation

**116. A patient presents with loin pain radiating to the groin. Renal stones are suspected. What is the test that has the most specificity & sensitivity in diagnosing this condition?**

a) Non contrast spiral CT scan of the abdomen
b) Ultrasound
c) KUB
d) Intravenous pyelography (IVP)
e) Nuclear Scan

**117. Old man with gastric ulcer –ve H pylori, what is the treatment?**

a) Proton pump inhibitor for 1 month
b) Endoscopy after 6-8 month

**118. Patient with celiac disease. What kind of the following food is safe for him?**

a) Wheat
b) **Rice**
c) Oat
d) Barley

**119. Patient with muscle weakness, decreased reflexes. There is also history of diarrhea. What could be the cause?**

a) Hyponatremia
b) Hyperkalemia
c) Hypercalcemia
d) **Hypokalemia**

**120. Patient with chronic heartburn, treated with antacids, no improvement waht next action:**

a) another antacids
b) h2 blockers
c) **PPIs**
d) prokinetic agents

**121. Symptom of reflux esophagitis**

a) minor the risk of MI
b) not effected by alkali
c) increase by standing
d) **can be distinguish between it and duodenal ulcer**

**122. Patient with diffuse abdominal pain, diminished bowel sounds, x-ray showed dilated loop specially the transverse, what's the diagnosis?**

a) **Acute pancreatitis**
b) Acute cholecystitis
c) Bacterial enteritis

**123. Patient with a scenario going with liver cirrhosis with ascites, diet instructions:**

a) **High carbs, low protein**
b) Sodium restriction

- **In general, recommendations for patients with severe liver disease may include:**
- **Large amounts of carbohydrate foods.**
- **Moderate intake of fat**
- **About 1 gram of protein per kilogram of body weight..**
- **Vitamin supplements, especially B-complex vitamins.**
- **Reduce salt you intake**

**124. Young female complaining of severe diarrhea, weight loss, vomiting, abdominal pain, has been diagnosed to have Crohn's disease, what is etiology mechanism of Crohn's disease?**

a) Female more affected
b) **Non-caseating granulomas**
c) Diabetic
d) Unknown

**125. Peptic ulcer, how to know if it is due Pylori or not.**

a) **H pylori Testing : serology, rapid urease test, histopathology, and culture**

**126. Which drug increase incidence of reflux esophagitis:**

a) **Theophylline**
b) Amoxicillin
c) Metoclopramide
d) Ranitidine
e) Lansoprazole

- **Some common medications also can cause a chemical burn in the esophagus. Pills that are most likely to cause esophagitis include:**
  - **aspirin**
  - **doxycycline**
  - **iron supplements**
  - **NSAIDs such as ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn)**
  - **osteoporosis medications such as alendronate (Fosamax) or risedronate (Actonel)**

**127. 50 years old male, presented with yellowish discoloration of eyes and body, fatigue … O|E nothing except jaundice, pallor, vitiligo. investigation ; wbc; 2500 , hgb ; 7.5 , plt ; 51 .. LFT; elevation of total bilirubin and direct bilirubin. Which one of the following is correct to complete this syndrome?**

a) positive coombs test
b) **antibodies against parietal cells**

- **autoimmune hemolytic anemia:**
- **antibodies directed against the persons own red blood cells**
- **the primary illness is idiopathic ,secondary can result from many other illness (autoimmune)**
- **evidence of hemolysis (increse unconjugated bilurbin,decrease haptoglobin,increase lactic dehydrogenase)**
- **Specific investigation:positive direct coombs test.**

**128. Hypertensive patient with liver cirrhosis, lower limb edema and ascites, what to use?**

a) **Thiazide "better K-sparing diuretic"**
b) Hydralazine
c) Something

**129. A patient with SOB, cardiomegaly on CXR, pleural effusion, pleural fluid lactate dehydrogenase < 200 mg/dl & protein < 27 g/L (figures aren't accurate but they fit with transudate not exudate), Dx:**

a) **CHF**
b) TB

**130. An active 64-year-old male complains of dysphagia. Endoscopic biopsy confirms esophageal squamous cell carcinoma. A predisposing factor to this condition is:**

a) Hiatus hernia
b) Achalasia
c) Esophageal varices
d) Diffuse esophageal spasm
e) **mallory-weiss syndrome**

**131. Male patient present with exercise intolerance, HG is 9 and MCV is 78 and positive fecal occult test. Upper GI scope show chronic gastritis. How u treat him ?**

a) **Oral iron**
b) IV iron
c) blood transfusion

**132. Long case Patient obese and newly diagnosed by FBS> 126 with long list of lab come to me in the exam screen all normal including liver function test. On examination: patient had palpable mildly enlarge liver what you will give him?**

a) **Biguanieds (weight loss)**
b) Sulphanyl urea ( wt gain)

**133. HCC :**

a) 10 % with liver disease
b) **with chronic liver diseases**

- **Hepatocellular carcinoma (HCC, also called malignant hepatoma) is the most common type of liver cancer. Most cases of HCC are secondary to either a viral hepatitis infection (hepatitis B or C) or cirrhosis (alcoholism being the most common cause of hepatic cirrhosis)**
- **Compared to other cancers, HCC is quite a rare tumor in the United States. In countries where hepatitis is not endemic, most malignant cancers in the liver are not primary HCC but metastasis (spread) of cancer from elsewhere in the body, e.g., the colon. Treatment options of HCC and prognosis are dependent on many factors but especially on tumor size and staging. Tumor grade is also important.**

**134. The main risk factors for hepatocellular carcinoma are:**

- **Main risk factors for hepatocellular carcinoma**

1) **Alcoholism**
2) **Hepatitis B**
3) **Hepatitis C (25% of causes globally)[3]**
4) **Aflatoxin**
5) **Cirrhosis of the liver**
6) **Hemochromatosis**
7) **Wilsons disease (while some theorize the risk increases, case studies are rare and suggest the opposite where Wilson's disease actually may confer protection**
8) **Type 2 Diabetes (probably aided by obesity)**
9) **OCP**
10) **Tobacco**

- **Hepatocellular carcinoma (HCC) most commonly appears in a patient with chronic viral hepatitis (hepatitis B or hepatitis C, 20%) or/and with cirrhosis (about 80%). These patients commonly undergo surveillance with ultrasound due to the cost-effectiveness.**
- **In patients with a higher suspicion of HCC (such as rising alpha-fetoprotein and des-gamma carboxyprothrombin levels), the best method of diagnosis involves a CT scan of the abdomen using intravenous contrast agent and three-phase scanning (before contrast administration, immediately after contrast administration, and again after a delay) to increase the ability of theradiologist to detect small or subtle tumors. It is important to optimize the parameters of the CT examination, because the underlying liver disease that most HCC patients have can make the findings more difficult to appreciate.**

**135. Risk of colorectal cancer recurrence is strongly related to :**

a) **Age at diagnosis**
b) Stage
c) Family history

**136. Treatment of refractory hiccup?**

- **Chlorpromazine, Carbamazepine, Nifedipine, Nimodipine, Baclofen, Metoclopramide, Haloperidol, Ketamine, Phenytoin and Lidocaine**

**137. Most specific characteristic to hiatal hernia is :**
a) Morning nausea/vomiting
b) Worsens with pregnancy
c) **Commonly have heartburn**

**138. A 20-year-old male found to have hepatitis b surface antibodies:**
a) Previous infection
b) **Previous vaccination**
c) Active infection

- **+ve Hep B surface antibodies are present in previously vaccinated (only hep B surface antibody) and previously infected ( + others )**

**139. Man with history of alcohol association with**
a) Folic acid deficiency
b) **High MCV**
c) B12 deficiency
d) Hepatitis

- **Alcoholism causes macrocytic anemia, and alcoholic hepatitis**

**140. Patient presented with peptic ulcer, which of the following would support the dx:**
a) Pain referred to back
b) **Epigastric tenderness on deep palpation**
c) Relieved by meal, increased with hunger

- **C is specific for duodenal ulcer**

**141. In a patient with primary biliary cirrhosis which drug will help in restoring the histology of the liver:**
a) Steroid
b) Interferon
c) Ursodiol
d) Azathioprine
e) **Ursodeoxycholic acid**

- **Ursodeoxycholic acid (UDCA) is a safe medical therapy for primary biliary cirrhosis (PBC)**

**142. Female patient came with fatigue and Jaundice. her CBC shows WBC =9 HGB= 9.5 ,PLT= 200 and his LFT show total bilirubin =3, direct = 0,9 ... what is the most likely Dx:**
a) **Dubin Johnson syndrome**
b) Gilberts syndrome
c) primary scelerosing cholangitis
d) criglernajjar syndrome type 1

**143. A 70 years old presented with weight loss, fatigue, anemia, upper quadrant pain without any previous history, the stool sowed high fat he is a known smoker:**
a) Acute pancreatitis
b) **Chronic pancreatitis**
c) **Pancreatic carcinoma**

- **Para-neoplastic syndrome with decreased lipase and old age suggest a malignancy in the pancreas.**

**144. One of the following causes reflux esophagitis:**

a) Metoclopramide
b) **Theophylline**

**145. Patient was diagnosed with pancreatitis and gives you biochemical values .. low albumin, and ask about the type nutrition:**

a) TPN
b) parental glucose diet
c) low protein and high carbohydrate
d) **naso jejuna feeding**

**146. Patient had abdominal pain and found to have gastric ulcer all are predisposing factor, except:**

a) **Tricyclic antidepressant**
b) NSAIDs
c) Delayed gastric emptying
d) Pyloric sphincter incompetence
e) **Sucralfate**

- **Aggressive factors for peptic ulcer:**
  - **Acids**
  - **Pepsin**
  - **H.pylori infection**
  - **Alcohol &Smoking**
  - **Diet (spicy food)**
  - **Drugs(NSAID, CORTICOSTEROID)**
  - **Stress**
- **SUCRALFATE: this is drug lead to formation of coat over the base of the ulcer and prevents effects of HCL and promotes healing of ulcer.**

**147. Patient had abdominal pain for 3 months, what will support that pain due to duodenal ulcer?**

a) **Pain after meal 30-90 min.**
b) Pain after meal immediately.
c) Pain after nausea & vomiting.
d) Pain after fatty meal.
e) **Pain radiating to the back.**

- **Ulcer-related pain generally occurs 2-3 hours after meals and often awakens the patient at night and this pattern is believed to be the result of increased gastric acid secretion, which occurs after meals and during the late night and early morning hours when circadian stimulation of gastric acid secretion is the highest.**
- **Pain is often relieved by food, a finding often cited as being specific for duodenal ulcer.**

**148. 45 y/o female complaining of sore tongue, peripheral parasthesia and slight jaundice. Her investigations are: Bilirubin 3.4 (normal between 0.2 - 1.9), B12 (low), Folate (normal), Serum ferritin (normal). The most probable diagnosis is:**

a) Iron deficiency anemia.
b) **Liver Cirrhosis.**
c) Pernicious anemia.
d) Peripheral neuropathy

CHAPTER 1

# Internal Medicine Hematology&Oncology

# D Section

1. **Not an indication for warfarin use:**
   a) Patient with normal heart
   b) Atrial fibrillation
   c) Post CABG

2. **Patient has polycythemia vera took a bath then experienced a generalized itch, what could explain this:**
   a) Due to increase in levels of histamine

3. **Man with polycythemia vera came with bruising what causes decrease blood flow:**
   a) Hypervescosity
   b) Hypoxia
   c) Hypovesicosity

- **Polycythemia vera:**
- **Clonal proliferation of erythrocytes, leukocytes, and platelets**
- **Elevated erythrocyte mass is the most prominent feature**
- **Increased blood viscosity leads to symptoms such as headache, dizziness, pruritus, vertigo, or occlusive vascular lesions (eg, stroke and intermittent claudication)**
- **Platelet and erythrocyte abnormalities may cause symptoms such as gum bleeding, epistaxis, gastrointestinal bleeding, and thromboembolism**
- **Treatment is mainly by regular phlebotomy to reduce packed cell volume**
- **Early diagnosis and treatment strongly influence prognosis**.

4. **What is the major thing that can tell you that patient have polycythemia vera rather than secondary polycythemia:**
   a) Hepatomegaly
   b) Splenomegaly
   c) Venous engorgement
   d) Hypertension

5. **Patient with polycythemia Vera the cause of bleeding in this pt is**
   a) Increase viscosity
   b) Low platelets

- **Thrombosis and bleeding are frequent in persons with polycythemia vera (PV) and MPD, and they result from the disruption of hemostatic mechanisms because of (1) an increased level of red blood cells and (2) an elevation of the platelet count. There are findings that indicate the additional roles of tissue factor and polymorphonuclear leukocytes (PMLs) in clotting, the platelet surface as a contributor to phospholipid-dependent coagulation reactions, and the entity of microparticles. Tissue factor is also synthesized by blood leukocytes, the level of which is increased in persons with MPD, which can contribute to thrombosis.**
- **Rusak et al evaluated the hemostatic balance in patients using thromboelastography and also studied the effect of isovolemic erythrocytapheresis on patients with polycythemia vera. They concluded that thromboelastography may help to assess the thrombotic risk in patients with polycythemia vera**
- **Hyperhomocystinemia is a risk factor for thrombosis and is also widely prevalent in patients with MPD (35% in controls, 56% in persons with PV).**
- **Acquired von Willebrand syndrome is an established cause of bleeding in persons with MPD, accounting for approximately 12-15% of all patients with this syndrome. von Willebrand syndrome is largely related to the absorption of von Willebrand factor onto the platelets; reducing the platelet count should alleviate the bleeding and the syndrome.**

**6. Anemia of chronic disease:**

a) Decrease iron and increase TIBC "in Iron Deficiency Anemia"
b) Increase iron and increase TIBC
c) Increase iron and decrease TIBC
d) None of the above

**7. Man came with bruising and increase time of bleeding with factor 8 deficiency :**

a) **Hemophilia A**
b) Von Willebrand disease

- **Hemophilia A is clotting factor VIII deficiency & is the most common form, Hemophilia B is factor IX deficiency. It is a Recessive X-linked disorder.**

**8. An old man 65 years with Hemoglobin= 9, you will:**

a) Assess Iron levels
b) Assess LDH
c) Arrange for endoscopy

- **Anemia is a common sign of colon cancer in elderly**

**9. High risk factor in CLL :**

a) Age
b) Smoking
c) History of breast ca
d) History of radiation

- **Risk factors:**

1) **Age. Most people diagnosed with chronic lymphocytic leukemia are over 60**
2) **Sex. Men are more likely than are women to develop chronic lymphocytic leukemia.**
3) **Race. Whites are more likely to develop chronic lymphocytic leukemia than are people of other races.**
4) **Family history of blood and bone marrow cancers. A family history of chronic lymphocytic leukemia or other blood and bone marrow cancers may increase your risk.**
5) **Exposure to chemicals. Certain herbicides and insecticides**

**10. 60 years old male was refer to you after stabilization, investigation show Hgb 8.5 g/l, hect. 64% , RBC 7.8 , WBC 15.3 & Platelet 570, Diagnosis :**

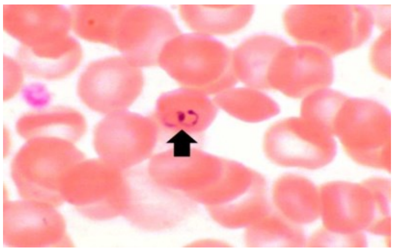
a) Iron deficiency Anemia
b) Hemoglobinopathy
c) CLL
d) 2ry polycythemia

**11. All the followings are indications for IV deferoxamine in iron OD except:**

a) Severe GI upset
b) Iron Level › 500
c) Acidosis
d) Iron Level › TIBC
e) Vine rose urine

**12. Blood film picture showing ring-like structure in the RBC. Dx is:**

a) Malaria



**13. Patient with Hodgkin's lymphoma and red strunberg cell in pathology and there is eosinophil lymphocyte in blood so pathological classification is:**

a) **Mixed-cellularity subtype**
b) Nodular sclerosis subtype of Hodgkin's lymphoma




- **Classical Hodgkin's lymphoma can be subclassified into 4 Pathologic subtypes based upo Reed-Sternberg cell morphologyand the composition of the reactive cellinfiltrate seen in the lymph node biopsy specimen "the cell composition around the Reed-Sternberg cells"**

| Name | Description |
|---|---|
| **Nodular sclerosing CHL** | Is the **most common subtype** and is composed of large tumor nodules showing **scattered lacunar classical RS cells** set in a background of reactive **lymphocytes, eosinophils and plasma cells** with varying degrees of **collagen fibrosis/sclerosis**. |
| **Mixed-cellularity subtype** | Is a common subtype and is composed of numerous classic RS cells admixed with numerous inflammatory cells including **lymphocytes, histiocytes, eosinophils**, and **plasma cells**, **without sclerosis**. This type is most often associated with **EBV** infection and may be confused with the early, so-called 'cellular' phase of nodular sclerosing CHL |
| **Lymphocyte-rich or Lymphocytic predominance** | Is a **rare subtype**, show many features which may cause diagnostic confusion with nodular lymphocyte predominant B-cell Non-Hodgkin's Lymphoma (B-NHL). This form also has the **most favorable prognosis** |
| **Lymphocyte depleted** | Is a **rare subtype**, composed of large numbers of often **pleomorphic RS cells** with only few **reactive lymphocytes** which may easily be confused with diffuse large cell lymphoma |

**14. What is the agent of choice in reversing heparin induced over anticoagulation causing life threatening bleeding:**

a) FFP
b) **Protamine sulphate**
c) Vitamin K
d) Prothrombin complex concentrate
e) Traneximic acid

**15. Best drug for von Willebrand disease is:**

a) Fresh frozen plasma
b) **Cryoprecipitate**
c) Steroids

**16. Patient with CML taking imatinib mesylate and odansetron for nausea and vomiting presented with tachycardia, fever, diaphoresis and hyperreflexia. Dx:**

a) Neuroleptic malignant syndrome
b) Imatinib toxicity
c) Odansetron toxicity
d) **Serotonin syndrome**

**17. Patient presented with fatigability. His CBC was: Hb: 9.6 g/dl, WBC: 5800 (Neutrophils: 68%, Lymphocytes: 38%, Monocytes: 4%, Eosinophils: 2%, Basophils: 0.5%, Myeloblasts: 4%, Myelocytes: 1%, Metamyelocytes: 0.3%). The most likely diagnosis is:**

a) Leukemia
b) Thalassemia
c) Sickle cell anemia
d) **Chronic myeloid leukemia**

**18. A patient having leukemia, there is a long chart with multiple values, according to that WBC increase, RBC decrease and thrombocytopenia, circulating leukemic blasts, positive myeloperoxidase the diagnosis is :**

a) Myelogenous Leukemia
b) **Myeloblast Leukemia**
c) Lymphocytic Leukemia
d) Lymphoblastic Leukemia

**19. Case suggestive of SCA Hb 7 retic 12% with painful swellings on hand, foot and elbow, what is ongoing long care needed:**

a) **Penicillin and immunization**

**20. Testicular tumor is radiosensitive and :**

a) yolk sac choriocarcinoma
b) embryonal carcinoma
c) teratoma
d) **tumor Seminoma**

**21. Patient came to you and you confirmed this patient was a sickler, he did not come with any specific illness the question simply was stated as mentioned above "THE ONGOING TREATMENT IS" :**

a) Penicillin
b) Iron supplement
c) B12
d) **Folic acid**

**22. Non-hodgkin's lymphoma:**

a) **more common than Hodgkin's lymphoma**

**23. In polycythemia cause of anemia is :**

a) **Hypoviscosity**

**24. Young female with Hx of night sweat and wt loss for about 6 month splenomegally-reed sternberg cells in blood picture your diagnosis is :**

a) **Hodgkin's lymphoma**
b) non-Hodgkin's lymphoma
c) EBV

**25. One of the following gives the most accurate prognosis for CLL:**

a) **Stage of Disease**
b) Pattern of bone marrow involvement
c) Secondary lymph on blood smear
d) Age of diagnosis

**26. Therapeutic range of INR [In presence of Anticoagulant]:**

a) 2.5-3.5
b) **2.0-3.0** "But normal range in absence if Anticoagulant is 0.8-1.2"

**27. Most common symptoms of soft tissue sarcoma :**

a) Paralysis
b) **On growing mass**
c) Pain

**28. Patient known case of SCA, the doctor planning to give him pneumococcal vaccine, which one is true?**

a) **Patient need antibiotic when there is history of contact even with vaccine**

**29. Sickling patient after acute attack, discharge on:**

b) **Penicillin**
c) Iron
d) vitamin

**30. Splenectomy does NOT have a role in the management of patients with hemolytic anemia due to:**

a) Spherocytosis.
b) Elliptocytosis.
c) Pyruvate kinase deficiency.
d) **Glucose-6-phosphate dehydrogenase deficiency.**
e) Sickle cell anemia.

**31. 23 years old white female is diagnosed as having chronic ITP. Which of the following will best predict a favorable remission after splenectomy?**

a) Presence of antiplatelet antibodies
b) Increased bone marrow megakaryocytes
c) Absence of Splenomegaly
d) **Platelet count of 170000/mm3 on corticosteroids**
e) Complement on platelet surfaces

**32. All of the following drugs contraindicated in G6PD deficiency, EXCEPT :-**

a) **Aspirin**
b) Nitrofurantoin
c) Chlorquine
d) Sulphonamide
e) Gentamycin

- **Drugs & medications that can induce hemolysis in G6PD deficiency patients include: acetanilide, doxorubicin, Methylene blue, naphthalene, nitrofurantoin, primaquine, pamaquine & sulfa drugs.**

**33. To differentiate between low iron level from iron deficiency anemia and anemia of chronic disease is:**

a) **Ferritin**
b) TIBC
c) Serum Iron
d) Serum Transferrin

**34. 26 years old man presented with headache and fatigue. Investigations revealed: Hb 8 g/dl MCV 85 fL, reticulocyte 10%,All the following investigations are useful EXCEPT:**

a) Coomb's test
b) Sickling test
c) Serum bilirubin
d) **Serum iron**
e) Hb electrophoresis

- **This is a case of hemolytic anemia .Iron deficiency anemia causes decrease in bone marrow production of RBC so reticulocyte count wouldn't be high**

**35. Hb electrophoresis done for a patient shows HbA1=58% , HbS = 35% , HbA2 = 2% , HbF = 5 % , Dx :**
a) Thalassemia minor
b) Thalassemia major
c) **Sickle cell trait**
d) Sickle cell anemia
e) Sickle cell thalassemia.

- **Sickle cell anemia: In sickle cell trait, usually see HbS concentrations of 35 to 45% of total Hemoglobin because the HbS has a slower rate of synthesis than HbA**
- **If HbS is less than 33%, start thinking about S-alpha-thalassemia**
- **If HbS is greater than 50%, worry about S-Beta-thalassemia or Sickle cell disease with transfusion**

| | HbA | HbS | $HbA_2$ | HbF |
|---|---|---|---|---|
| **Hb S-α-thal** | 55-60 | 40-45 | 2-3 | <1 |
| **Hb AS** | 0 | 90-95 | 2-3 | 5-10 |
| **Hb SS** | 75 | 25 | 2-3 | <1 |
| **Hb S- β thal major** | 0 | 90-95 | Inc | 5-10 |
| **Hb S- β thal minor** | 5-30 | 60-90 | Inc | 5-10 |

**36. 55 years old male patient presented for checkup, physical examination is normal, lab investigation microcytic hypochromic anemia, Hb = 9, what is the most likely cause to exclude?**
a) Lymphoma
b) **Gastroenterology malignancy**

**37. Patient who is a smoker, the least cancer he is predisposed to:**
a) Urinary Bladder cancer (high risk in smoker)
b) **Colon cancer**
c) Lung Cancer
d) Esophageal cancer

**38. Patient give history of malaise, fatigue and give history of decrease meat in her diet, HGB was 9 and hypochromic microcytic anemia what you will give her :**
a) **Trail of iron therapy "she has iron deficiency anemia"**
b) iron and multivitamin

**39. Blast cell:**
a) AML
b) **ALL**
c) CML
d) CLL

**40. Diagnosis of thalassemia minor :**
a) **HbA2 and Hbf "by Electrophoresis"**
b) Microcytosis

- **Autosomal Recessive disorder**
- **Inheriting defect genes from both parent ➔ Thalassemia major, but from one parent ➔ Thala. Minor**

**41. What is the more prognostic factor for Chronic graneulocytic leukemia:**
a) **stage**
b) bone marrow involvement
c) age at discovery

**42. Critical count of platelets which lead to spontaneous bleeding is:**
a) **20000**
b) 50.000
c) 75.000
d) 100.000
e) 200.000

**43. Serum ferritin reflects:**
a) **Total iron stores.**
b) Serum iron.
c) Bone marrow iron.
d) None of the above.

- **Serum iron is reflected by TIBC which is an indirect measure of transferrin.**

**44. 32 years old Saudi man from Eastern province came to you for routine pre-employment physical exam. He has always been healthy and his examination is normal. Lab: HCT: 35% MCV: 63fL WBC: 6800/ulretics: 4000/ul (0.7%) Platelet: 27000/ul his stool: -ve for occult blood, The most direct way to confirm suspected diagnosis:**
a) **Peripheral smear**
b) Measure Hb A2 level
c) G6PD screening
d) Measure iron, TIBC and ferritin level
e) Bone marrow stain for iron

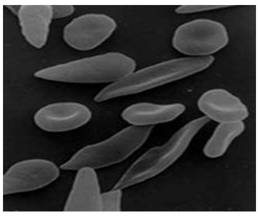
- **This is a case of Thalassemia.**

**45. A 68 years old businessman diagnosed to have hepatocellular carcinoma. One is true regarding disclosure (informing patient) :**
a) Patient should be told immediately after confirming the diagnosis regardless of his whishes
b) Only patient's family should be informed
c) 50% survival rate should be calculated according to literature and discuss with the patient
d) Social worker should be responsible to tell the patient
e) **Patient morale and understanding should be studied before telling him**

- **Patient with malignancy: telling the patient is by the most senior doctor, whether or not to tell the patient is individualized according to the wish of the patient and sometimes the family.**

**46. Common symptoms of Hodgkin lymphoma not seen in non-Hodgkin lymphoma:**
a) night sweat
b) superior vena cava syndrome
c) CNS involvement
d) intussusceptions
e) **Bone pain**

**47. Patient presented with stroke and had history of swollen painful hands and feet. The diagnosis:**
a) **Sickle cell anemia.**
b) Thalassemia



**48. Patient with macrocytic anemia without megaloblast. What's the most likely diagnosis:**
a) Folic acid
b) Vitamin B12 deficiency
c) **Alcoholism**

**49. Boy presented with painless neck mass, history for 5 weeks of fatigue, generalize pruritus and mild cough, what is the diagnosis:**

a) **Hodgkin's lymphoma**
b) Lyme
c) Infectious mono

**50. Increased bleeding time is seen in all of the following except:**

a) **Hemophilia**.
b) Scurvy.
c) Von-Willebrand disease

**51. Male patient with hemarthrosis. What is the most likely diagnosis:**

a) Thrombocytopenia
b) **Factor 8 deficiency**

- **Factor V and VIII deficiency of the two factors was accompanied by a life-long bleeding tendency in males**

**52. Patient after trauma to the knee present with knee swelling of bloody content ,the probable mechanism is:**

a) platelet deficiency
b) **clotting factor deficiency**
c) platelet dysfunction
d) blood vessels dysfunction

**53. Female patient comes with history of periorbital swelling, itching all over body, O/E there is lymphadenopathy. Liver and spleen are enlarged. What is the diagnosis?**

a) Urticaria
b) Angioedema
c) **Lymphoma**

**54. What food causes bleeding in a patient on anticoagulants:**

a) Garlic
b) Spinach
c) Avocados
d) **Ginkgo**

**55. which one of the following is prognostic factor for CML:**

a) Age.
b) **chromosomal abnormality**

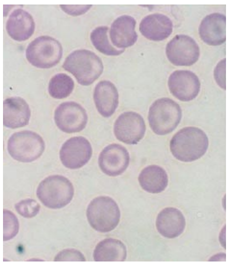
- **In CML there is chromosomal translocation (Philadelphia) CML was the first malignancy to be linked with clear genetic abnormality.**

**56. Iron deficiency anemia will show:**

a) Low ferritin low iron low TIBC
b) **Low ferritin low iron high TIBC**
c) high ferritin low iron low TIBC
d) Low ferritin high iron low TIBC

- **In anemia of chronic disease without iron deficiency, ferritin levels should be normal or high, reflecting the fact that iron is stored within cells, and ferritin is being produced as an acute phase reactant but the cells are not releasing their iron. In iron deficiency anemia ferritin should be low.**
- **TIBC should be high in genuine iron deficiency, reflecting efforts by the body to produce more transferrin and bind up as much iron as possible; TIBC should be low or normal in anemia of chronic**

**57. Fresh frozen plasma in what case:**
a) Hemophilia a
b) Hemophilia b
c) Von willebrand
d) coagulopathy from liver disease
e) **DIC**



**58. Hematology case … peripheral blood smear reveals target cell:**
a) **Thalassemia**
b) SCD

**59. long scenario about young male with spoon shaped nails:**
a) **iron deficiency anemia**

**60. Leukemia with blast cells:**
a) AML
b) ALL
c) **CML**
d) CLL

**61. Patient came with low iron and high AST and high MCV no megaloblasts in the blood what is the diagnosis:**
a) **Alcohol**
b) Vitamin B12defeciency
c) Folic acid deficiency
d) Due to drugs

**62. 22 years old eith low Hb low PLT and high WBC , peripheral smear shows blast cell with large nucleus and scant cytoplasm and some nucleoli -- positive meyloperoxidase test and negative esterase , DDx:**
a) Acute lymphocytic
b) **Acute myelocytic**
c) Acute monocytic

**63. Patient with blood group A had blood transfusion group B , the best statement that describe the result is:**
a) type IV hypersensitivity
b) inflammatory reaction
c) **Type II hypersensitivity**

**64. Which of the following is a feature of iron defeicincy anemia:**
a) **Low MCH "Mean Corpuscular Hemoglobin"**
b) Hypertension

**65. Patient on chemotherapy presented with fever, all should be done EXCEPT:**
a) Blood culture
b) Urine culture
c) **Aspirin is effective**
d) broad spectrum antibiotics

- **Explanation: Because of its SE it should be discussed thoroughly.**

**66. 70 years old patient, come with investigations showed osteolytic lesion in skull, monoclonal spike, roleahex formation:**

a) **Multiple myeloma**

**67. A young male who is a known case of sickle cell anemia presented with abdominal pain & joint pain. He is usually managed by hospitalization. Your management is:**

a) **In-patient management & hospitalization**
b) Out-patient management by NSAID
c) Hydration, analgesia, monitoring
d) Narcotic opioids

**68. 28 years old known case of sickle cell anemia in last two month hospitalized two time because of abdominal pain this time he presented with abdominal pain, back pain and chest pain, what will you do**

a) **Hospitalize the patient and give him analgesics and observe him**
b) give him IVF and treat him as an outpatient
c) Referred the patient to Tertiary center specialized in his problem
d) Give analgesics
e) blood transfusion

**69. Female patient with fatigue, muscle weakness, paresthesia in the lower limbs and unsteady gait, next step?**

a) Folate level
b) **Vitamin B12 level**
c) Ferritin level

**70. The best to give for DVT patients initially which is cost effective:**

a) **Low Molecular Weight Heparin "Enoxaparin"**
b) Unfractioned Heparin
c) Heparin
d) Warfarin

**71. Patient with complain of calf tender and swelling,, diagnosed to have DVT, what is the role of LOW MOLECULAR WIEGH HEPARIN in DVT treatment as comparing to something heparin**

a) LMWH is less effective
b) LMWH is prone to more bleeding
c) **LMWH is safe and no need to regular monitor the PTT.**

- **Low-molecular-weight heparin is a relatively recent addition to the list of therapies for prophylaxis and treatment of deep venous thrombosis (DVT). As a prophylactic, low-molecular-weight heparin is as effective as standard heparin or warfarin and does not require monitoring of the activated partial thromboplastin time or the International Normalized Ratio**

CHAPTER 1

Internal Medicine

# Neurology

E

Section

**1. What is the most reversible risk factor for stroke?**

a) DM
b) **HTN**
c) obesity
d) Dyslipidemia

**2. An 18 years old male who was involved in an RTA had fracture of the base of the skull. O/E he had loss of sensation of the anterior 2/3 of the tongue & deviation of the angle of the mouth. Which of the following nerves is affected?**

a) I (Olfactory)
b) III (Occulomotor)
c) **V (Trigeminal)**
d) IV (Abducens)
e) VII (Facial)

- **Because loss of sensation , in Facial loss of taste in ant 2/3**
- **Innervation of tongue:**
  - **Anterior 2/3rd of tongue:** General somatic afferent: lingual nerve branch of V3 of the trigeminal nerve, taste: chorda tympani branch of facial nerve CN VII
  - **Posterior 1/3rd of tongue :**General somatic afferent and taste: Glossopharyngeal nerve CN IX

**3. A 35 years old patient, she is on phenytoin since she was 29 due to partial epilipsy she didn't have any attack since. She want to stop taking the drug due to facial hair growth:**

a) **It is reasonable to stop it now**
b) Stop it after 6 months
c) Stop after 10 years
d) Don't stop it

**4. Patient 22 years old with unilateral headache attacks:**

a) Cluster headache
b) **Migraine**
c) Tension headache

**5. Which of the following is true about migraine:**

a) Aura occur after the headache
b) Each attack lasts about 4 hours
c) **It is unilateral pounding headache**

**6. A middle age man presented with severe headache after lifting heavy object. His BP was high. He was fully conscious. Examination was otherwise normal. The most likely diagnosis is:**

a) **Subarachnoid hemorrhage**
b) Central HTN
c) Tension headache
d) Migraine
e) Intracerebral hemorrhage

**7. Patient has neck stiffness, headache and petechial rash. Lumber puncture showed a high pressure , what would be the cause?**

a) group B strep
b) **Neisseria meningitides**
c) m.tubecrlosis
d) staphylococcus aureus

**8. The most common cause of non-traumatic subarachnoid hemorrhage is:**
a) Middle meningeal artery hemorrhage
b) Bridging vein hemorrhage
c) **Rupture of previously present aneurysm**

**9. Which is not true in emergency management of stroke?**
a) Give IVF to avoid D5 50% → Hyperglycemia can increase the severity of ischemic injury whereas hypoglycemia can mimic a stroke
b) Give diazepam in convulsions
c) **Anticonvulsants not needed in if seizures**
d) Must correct electrolytes
e) Treat elevated blood pressure →Treat if SBP>220 or DBP>120 or MAP>130

**10. A 26 year old female complaining of headache more severe in the early morning mainly bitemporal, her past medical history is unremarkable. She gave history of OCP use for 1 year. Ophthalmoscope examination showed papilledema but there are no other neurological findings. The most probable diagnosis is:**
a) Optic neuritis
b) **Benign intracranial hypertension**
c) Encephalitis
d) Meningitis
e) Intracranial abscess

- **Explanation: BIH headaches are typically present on waking up or may awaken the patient. It could be accompanied by other signs of increased ICP like vomiting, papilledema, epilepsy or mental change**

**11. A 27 years old male with tonic clonic seizures in the ER, 20 mg Diazepam was given and the convulsion did not stop. What will be given?**
a) **Diazepam till dose of 40 mg**
b) Phenytoin
c) Phenobarbitone

**12. Definition of status epilepticus:**
a) Generalized tonic clonic seizure more than 15 minutes
b) **Seizure more than 30 minutes without regains consciousness in between**
c) Absence seizure for more than 15 minutes

**13. 25 years old student presented to your office complaining of sudden & severe headache for 4 hours. History revealed mild headache attacks during the last 5 hours. On examination: agitated &restless. The diagnosis is:**
a) **Severe migraine attack**
b) Cluster headache
c) Subarachnoid hemorrhage
d) Hypertensive encephalopathy
e) Encephalitis

**14. all of the following precipitate seizure except:**
a) **hypouricmotorcemia**
b) Hypokalemia
c) hypophosphatemia
d) hypocalcemia
e) hypoglycemia

**15. Treatment of opioid toxicity**

a) **Naloxone**

**16. A 25 years old patient presented with headache, avoidance of light & resist flexion of neck, next step is:**

a) EEG
b) C-spine X-ray
c) Phonation
d) **None of the above**

- **Explanation: We suspect meningitis, the treatment is antibiotic & lumbar puncture**

**17. Which of the following side effect is not associated with phenytoin?**

a) Hirsutism
b) Macrocytic anemia
c) Osteomalacia
d) Ataxia
e) **Osteoporosis**

- **Explanation: Side effects of phenytoin:**
  1) **CNS:** cerebral edema, dysarthria & extrapyramidal syndrome
  2) **ENT**: diplopia, nystagmus & tinnitus.
  3) **CVS**: hypotension
  4) **GI**: gingival hyperplasia & altered taste
  5) **GU**: pink or red urine.
  6) **Dermatology**: hypertrichosis & exfoliative dermatitis
  7) **Hematology:** Agranulocytosis, aplastic anemia & macrocytic anemia
  8) **Other**: Asteomalasia, Hypocalcaemia

**18. Peripheral neuropathy can occur in all EXCEPT:**

a) Lead poisoning.
b) DM.
c) Gentamycin.
d) INH (anti-TB).

- **All can cause peripheral neuropathy**

**19. Pain near eye prescribed by tingling and paresthesia occur many times a week in the same time, also there is nasal congestion and eye lid edema, what is the diagnosis?**

a) **Cluster headache**
b) Migraine with aura
c) Tension headache
d) Withdrawal headache

**20. Girl with band like headache increase with stress and periorbital, twice a week, what is the diagnosis?**

a) **Tension headache**
b) migraine
c) cluster

**21. The most common cause of intracerebral hemorrhage:**

a) Trauma
b) **Hypertensive vascular disease**
c) Ruptured aneurysm

**22. Patient presented with nausea, vomiting, nystagmus, tinnitus and inability to walk unless he concentrates well on a target object. His Cerebellar function is intact, what is the diagnosis?**

a) Benign positional vertigo
b) Meniere's disease
c) **Vestibular neuritis**

**23. 80 years old male patient, come with some behavioral abnormalities, annoying, (he mentioned some dysinhibitory effect symptoms), most postulated lobe to be involved:**

a) **Frontal**
b) Parietal
c) Occipital
d) Temporal.

**24. The commonest initial manifestation of increased ICP in patient after head trauma is**

a) **Change in level of consciousness**
b) Ipsilateral pupillary dilatation
c) Contralateral pupillary dilatation
d) Hemiparesis

**25. One of following true regarding systolic hypertension :**

a) **In elderly it's more dangerous than diastolic hypertension**
b) Occur usually due to mitral regurge
c) Defined as systolic, above 140 and diastolic above 100 "combined systolic and diastolic"

**26. Typical picture of oculomotor nerve palsy: stroke with loss of smell, which lobe is affected?**

a) Frontal
b) Parietal
c) Occipital
d) **Temporal**

**27. Man is brought to the ER after having seizure for more than 30 min the most initial drug you will start with:**

a) **IV lorazepam**
b) IV phenobarbital
c) IV phynetoin

**28. 1st line in Trigeminal Neuralgia management:**

a) **Carbamazepine**

**29. Middle aged patient with ataxia, multiple skin pigmentation and decrease hearing, one of the family members has the same condition?**

a) Malignant melanoma
b) **Neurofibromatosis " most likely"**
c) hemochromatosis
d) measles
e) nevi

**30. 19 years old after bike accident, he can't bring the spoon in front of himself to eat, lesion is in:**

a) Temporal lobe
b) **Cerebellum**
c) Parietal lobe
d) Occipital lobe

**31. Young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septra (trimethoprim sulfamethoxazole) :**

a) Functional myositis
b) Polymyositis
c) Guillianbarre syndrome
d) **Neuritis**

- **Explanation: Due to Septra**

**32. Patient is complaining of memory loss. Alzheimer disease is diagnosed what is the cause of this:**

a) **Brain death cell**

**33. Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't want to take medication. Which of the following is appropriate?**

a) **Bio feedback**
b) TCA
c) BB

- **Biofeedback has been shown to help some people with migraines. Biofeedback is a technique that can give people better control over body function indicators such as blood pressure, heart rate, temperature, muscle tension, and brain waves. The two most common types of biofeedback for migraines are thermal biofeedback and electromyographic biofeedback**

**34. Diabetic patient was presented by spastic tongue,Dysarthria and spontaneous crying what is the most likely diagnosis?**

a) Parkinson.
b) Bulbar palsy.
c) **Pseudobulbar**
d) Myasthenia gravis.

- **This is a bit tricky. Bulbar palsy is the LMNL of the last 4 CN, while pseudobulbar palsy is the UMNL of the last 4 CN. So spasticity of tongue is UMNL. But Diabetes causes LMNL of cranial nerves due to peripheral neuropathy. So maybe the cause here is CNS affection due to atherosclerosis from macroangiopathy of diabetes.**

**35. Prophylaxis for meningitis treatment of contact:**

a) Cemitidine
b) **Rifampicin**

**36. Patient with ischemic stroke present after 6 hours, the best treatment is:**

a) **ASA**
b) Tissue plasminogen activator "TPA"
c) Clopidogril
d) IV heparin
e) Other anticoagulant

- **Explanation:**
  - **TPA : administered within 3hours of symptoms onset (if no contraindication)**
  - **ASA: use with 48hours of ischemic stroke to reduce risk of death.**
  - **Clopidogrel : can be use in acute ischemic& alternative to ASA**
  - **Heparin & other anticoagulant : in patient has high risk of DVT or AF**

**37. Old male with neck stiffness, numbness and paresthesia in the little finger and ring finger and positive raised hand test, diagnosis is:**

a) **Thoracic outlet syndrome**
b) Impingement syndrome
c) Ulnar artery thrombosis
d) Do CT scan for Cervical spine

**38. Old male with symptoms suggesting Parkinsonism such as difficulty walking, resting tremors and rigidity in addition to hypotension. Then he asks about what is the most common presenting symptom of this disease**

a) Rigidity
b) **Tremors**
c) Unsteady Gait
d) Hypotension

**39. Which of the following is a side effect of bupropion , a drug used to help smoking cessation:**

a) Arrhythmia
b) Xerostomia
c) Headache
d) **Seizure**

**40. Most effective treatment of cluster headache:**

a) Ergotamine nebulizer
b) S/C Sumatriptan
c) **100% O2**
d) IV Verapamil

**41. Old patient with HTN and migraine treatment:**

a) **B blockers**
b) ACE Inhibitors
c) Ca blockers

- **Explanation: The most commonly used**

**42. Patient presented with progressive weakness on swallowing with diplopia and fatigability. The most likely underlying cause of her disease is.**

a) **Antibody against acetylcholine receptors**

- **Explanation: Diagnosis→ Myasthenia Graves**

**43. Young adult Sickle cell patients are commonly affected with**

a) dementia
b) **Multiple cerebral infarcts**

- **Explanation: Due to narrowing of the vessels**

**44. 70 years old with progressive dementia, no personality changes and neurological examination was normal but there is visual deficit, on brain CT shower cortex atrophy and ventricular dilatations, what is the diagnosis?**

a) Multi micro infract dementia
b) **Alzheimer dementia**
c) parkinsonism dementia

**45. 70 years old with progressive dementia, on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen, what is the diagnosis?**

a) lewy dementia
b) Parkisonism
c) **Alzheimer**

**46. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal, what is the diagnosis?**

a) **Alzheimer disease**
b) Multi-Infarct Dementia

**47. 73 year patient complain of progressive loses of memory with decrease in cognition function. C.T reveal enlarge ventricle and cortical atrophy, what is the diagnosis?**

a) **Alzheimer**
b) multi infarct dementia
c) multiple sclerosis

**48. Female patient complaining of severe migraine that affecting her work, she mentioned that she was improved in her last pregnancy, to prevent that:**

a) Biofeedback
b) **Propranolol**

- **Explanation: Beta blocker used in prevention**

**49. 6months boy with fever you should give antipyretic to decrease risk of:**

a) **Febrile convulsion**
b) Epilepsy

**50. After infarction, the patient become disinhibited, angrier & restless, The area responsible which is affected:**

a) Premotor area
b) Temporal area
c) **Pre- frontal area**

**51. 65 year male presented with 10 days history of hemiplegia, CT shows: infarction, he has HTN. He is on lisonipril & thiazide, 2 years back he had gastric ulcer. treatment that you should add :**

a) continue same meds
b) Aspirin 325
c) aspirin 81
d) warfarin
e) **Dipyridamole (Antiplatlet agent)**

**52. Indication for CT brain for dementia, all true except:-**

a) **Younger than 60 years old**
b) After head trauma
c) Progressive dementia over 3 years

- **Alzheimer's disease is primarily a clinical diagnosis. Based on the presence of characteristic neurological and neuropsychological features and the absence of alternative diagnosis**
- **Commonly found in people aver 65 presenting with progressive dementia for several years**

**53. Investigation of Multiple Sclerosis include all except:**

a) Visual evoked potential
b) LP
c) MRI
d) **CT**

**54. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful?**

a) Asking more details about headache
b) Do MRI or CT scan
c) **Skull x ray**
d) LP

**55. All of the fallowing are criteria of subarachnoid haemorrhage EXCEPT:**

a) **Paraplegia**
b) confusion
c) nuchal Rigidity
d) Due to berry aneurysm rupture
e) Acute severe headache

**56. The best treatment for the previous case is :**

a) Benzodiazepines
b) Phenothiazine
c) monoamine oxidase inhibitor
d) selective serotonin reuptake inhibitor
e) **supportive psychotherapy**

**57. 26 years old female present with 6 month history of bilateral temporal headache increased in morning & history of OCP last for 1 year, on examination BP 120/80 & papilledema, what is the diagnosis?**

a) Encephalitis
b) Meningitis
c) Optic nuritis
d) **Benign intracranial hypertension**
e) Intracerbral abscesses

**58. 72 years old Man with loss of vision in one eye , jaw claudication :**

a) **Temporal arteritis.**

**59. A patient comes to you with long time memory loss and you diagnosed him as dementia (Alzheimer), what to do to confirm the diagnosis:**

a) **CT scan**

- **The diagnostic test is brain biopsy but it's rarely done.**

**60. Side effects of Levodopa :**

a) **Dyskinesia**
b) Speech
c) Fatal hepatic toxicity

**61. Patient present with generalized seizures not known case before of any seizure , no pervious history like that, The most important thing to do now is:**

a) EEG. After that
b) **Laboratory test in ER**

**62. Lactating mother newly diagnosed with epilepsy, taking for it phenobarbital your advice is:**

a) Discontinue breastfeeding immediately
b) Breast feed baby after 8 hours of the medication
c) **Continue breastfeeding as tolerated**

**63. Sciatica:**

a) Never associated with sensory loss
b) Don't cause pain with leg elevation
c) Causes increased lumbar lordosis
d) **Maybe associated with calf muscle weakness**

**64. Old male with stroke, after 9 days he loss left eye vision, what are the affect structure?**

a) Frontal lobe
b) Partial
c) **Occipital**
d) Temporal

**65. Male old patient has signs & symptoms of facial palsy (LMNL), which of the following correct about it?**

a) **Almost most of the cases start to improve in 2nd week**
b) it need treatment by antibiotic and anti-viral
c) contraindicated to give corticosteroid
d) usually about 25 % of the cases has permanent affection

**66. Patient known of epilepsy on phenytoin, presented with history of abdominal pain, bilateral axillary lymph node enlargement, what is the most like diagnosis?**

a) Hodgkin's lymphoma
b) **Reaction to drug**
c) TB

**67. Old age patient presented with neck stiffness, cervical arthritis, paresthesia on palm and medial 2/3 fingers, the proper investigation:**

a) CT cervical spine
b) NSAIDs
c) PT
d) **Decompression of median nerve (carpal tunnel)**

**68. Diaphoresis and hyperreflexia, what is the diagnosis?**

a) **Neuroleptic malignant syndrome**
b) Imatinib toxicity
c) odansetron toxicity

**69. Young suddenly develops ear pain, facial dropping, what to do?**

a) **mostly will resolve spontaneously**
b) 25% will have permanent paralysis
c) No role of steroid

**70. Man with high fever, Petechial rash and CSF decrease glucose, he has:**

a) **Neisseria meningitis**
b) N gonorrhea
c) H influenza

**71. Romberg sign lesion in :**

a) **Dorsal column**
b) cerebellum
c) visual cortex

**72. Patient with positive Romberg test, what is the affected part :**

a) **Sensory cortex**
b) Motor cortex
c) Brain stem
d) Cerebellum

**73. Common cause of intracranial hemorrhage:**

a) **Hypertension**

**74. In aseptic meningitis, in the initial 24 hours what will happen?**

a) Decrease protein
b) Increase glucose
c) **Lymphocytes**
d) Eosinophils
e) Something

**75. 50 years old female have DM well controlled on metformin, now c\o diplopia RT side eye lis ptosis and loss of adduction of the eyes and up word and out word gaze !! reacting pupil no loss of visual field:**

a) Faisal palsy
b) **Oculomotor palsy of the right side**
c) Myasthenia gravies

**76. increase IgG in CSF:**

a) **Multiple sclerosis**
b) Duchene dystrophy

**77. Brain cell death in Alzheimer disease (not recognized his wife and fighting with her)**

a) **Temporal lobe**
b) Cerebellum
c) Parietal lobe
d) Occipital lobe

**78. Old male had history of MI. He presented with hemiplegia of the right side for 6 hours and diagnosed with stroke. His medication is atorvastatin and antihypertensive, he had history of gastric ulcer 3 years ago, you will add on**:

a) **Aspirin**
b) t-PA
c) Anticoagulant

**79. First sign of increase intracranial pressure:**

a) **HTN.**

**80. A case of band like headache throbbing associated with stress. What's the diagnosis?**

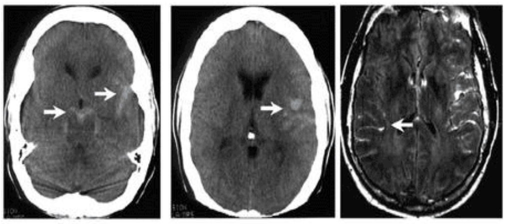
a) **Tension**
b) Cluster
c) Migraine

**81. A man with severe headache high ESR, what is the treatment?**

a) Aspirin
b) Pinicillamine
c) **Corticosteroid**

**82. Patient with sudden severe occipital headache came to emergency.**

a) **Subarachnoid Hemorrhage**
b) Intracerebral Hemorrhage
c) Meningitis




- **The classic symptom of subarachnoid hemorrhage is thunderclap headache (a headache described as "like being kicked in the head", or the "worst ever", developing over seconds to minutes). This headache often pulsates towards the occiput (the back of the head).**
- **Intracerberal Hemorrhage: Patients with intraparenchymal bleeds have symptoms that correspond to the functions controlled by the area of the brain that is damaged by the bleed.[3] Other symptoms include those that indicate a rise in intracranial pressure due to a large mass putting pressure on the brain. Intracerebral hemorrhages are often misdiagnosed as subarachnoid hemorrhages due to the similarity in symptoms and signs. A severe headache followed by vomiting is one of the more common symptoms of intracerebral hemorrhage. Some patients may also go into a coma before the bleed is noticed**

**83. Which drug contra indication in cluster headache?**

a) **Buperbion**
b) Lithum
c) Valium

**84. Patient on aspirin, phenytoin for seizures came to clinic for routine follow up, on examination she has bilateral painless lymph nodes, no other symptoms or signs, lymph node biopsy showed hyperplasia. DDx:**

a) Chronic lymphocytic leukemia.
b) Hodgkin lymphoma
c) TB
d) **Most likely it is side effect of phenytoin**

**85. Sciatica increased incidence of :**

a) Lumbar lordosis
b) **Paresthesia**

**86. Patient with echolalia, echopraxia, poor hygiene, insomnia, and weird postures. Treatment? (catatonia(**

a) Lithium
b) **Benzodiazepines**

**87. Old male patient with headache and lower back pain. X-ray of spine shows multiple lytic lesion and head X-ray shows moth eaten appearance. What is the appropriate next step:**

a) **X-ray of chest**

**88. Typical case of Parkinson's disease , cognitive impairment , shuffling gate and pin rolling tremor what is the diagnosis :**

a) **Parkinsons disease**

**89. Exaggerated reflex in jaw , no fasciculation , difficulty in swallowing :**

a) **Pseudobulbar palsy**

- **Pseudobulbar palsy results from an upper motor neuron lesion to the corticobulbar pathways in the pyramidal tract. Patients have difficulty chewing, swallowing and demonstrate slurred speech (often initial presentation). Individuals with pseudobulbar palsy also demonstrate inappropriate emotional outbursts.**
- **S/S:**
  1) Speech is slow
  2) thick and indistinct
  3) Gag reflex is normal
  4) exaggerated or absent
  5) Tongue is small stiff and spastic
  6) Jaw jerk is brisk
  7) upper motor neuron lesion of the limbs
  8) Dysphagia (difficulty in swallowing)
  9) Labile affect
  10) Dysarthria
  11) Uncontrollable laughing or crying
- **Bulbar palsy refers to bilateral impairment of function of the lower cranial nerves IX, X, XI and XII, which occurs due to lower motor neuron lesion either at nuclear or fascicular level in the medulla oblongata or from bilateral lesions of the lower cranial nerves outside the brainstem.[1]**
- **S/S :**

1) dysphagia (difficulty in swallowing)
2) difficulty in chewing
3) nasal regurgitation
4) slurring of speech
5) choking on liquids
6) Nasal speech lacking in modulation and difficulty with all consonants
7) Tongue is atrophic and shows fasciculations
8) Dribbling of saliva
9) Weakness of the soft palate, examined by asking the patient to say aah –
10) The jaw jerk is normal or absent
11) The gag reflex is absent
12) lower motor neuron lesions of the limbs

**90. What is true about Alzheimer's disease:**

a) **Brain atrophy is not unusually generalized**

b) frontal sulci are less widened than occipital sulci

**91. Case of Migraine headache what is the treatment:**

a) **Sumatriptan**

**92. Patient with tingling of the little finger, atrophy of the hypothenar, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:**

a) **Surgical cubital decompression**

**93. Drug used in smoking cessation c/I in pt : M-N**

a) **History of seizure**

**94. Patient with bradycardia, hyperkalaemia, hyponatremia, with muscle weakness what the cause of his weakness?**

a) **Hyperkalaemia**
b) Hyponatremia
c) uraemia

**95. Which of the following found to reduce the risk of postherpetic neuralgia:**

a) corticosteroids only
b) corticosteroids + valacyclovir
c) **valacyclovir only**

**96. A young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septra (trimethoprim sulfamethoxazole):**

a) functional myositis
b) polymyositis
c) Guillain barre syndrome
d) Neuritis
e) **Porphyria**

**97. What is true about headache?**

a) Headache of increased ICP occur severely at end of day
b) Normal CT may exclude subarachnoid hemorrhage.
c) Amaurosis fugax never come with temporal arteritis.
d) Neurological exam sign may exclude migrain
e) **Cluster headache occur more in men than women**

**98. All the Followings may mimic Guillian-barre syndrome except:**

a) Cord Compression
b) Cauda equina compression
c) **Tetanus**
d) Poliomyelitis
e) Tick palsy

**99. Most effective ttt of cluster headache:**

a) Ergotamine nebulizer
b) **S/C Sumatriptan**
c) 100% O2
d) IV Verapamil

**100. Patient with dysphagia, proximal muscle weakness, spasticity. A lot of symptoms but eyes not affected**

a) myasthenia gravis
b) myasthenic syndromes
c) **Motor neuron disease**

**101. Greatest single risk factor for stroke:**

a) DM
b) **HTN**
c) Smoking
d) Hyperlipidemia

**102. Old patient with progressive weakness of hand grip , dysphagia**

a) **Myasthenia Gravis**

**103. Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy happits, and she notes that she had improved over her last pregnancy,, what you think about her condition?**

a) **Biofeedback**
b) she was on b-blocker
c) alcohol caseation

**104. Man with unilateral headache, eye pain and tenderness in the temporal region in investigation mild anemia and ESR 111**

a) **cortisol**
b) NSAID
c) Refer to ophthalmology

**105. Patient complains of diplopia, weakness, and frequent aspiration pneumonia in last 2 months. On examination there is spasticity and fasciculation DX?**

a) Myasthenia gravis
b) Myasthenia syndrome
c) **Motor neuron disease**

**106. Case of Tension headache**

- **Tension-type headache: constant pressure, frequent bilateral; a/w myofacial sensitivity in neck or head.**
- **Triggers: stress, sleep, deprivation, dehydration, hunger.**
- **TTT: OTC analgesics (NSAID, acetaminophen; risk of med overuse HA) for episodic; TCAs for chronic.**

**107. Lady with retro-orbital pain, eye tearfulness, and other feature of cluster headache. She was given treatment, which was not effective. All of the following are possible treatments for her except:**

a) Lithium
b) Prednisone
c) Verapamil
d) Lidocaine
e) **Methysergide**

**108. Old pt. 83 yrs. With rest tremor, abnormal gait, fatigue on examination shows bradykinesia:**

a) Cortical degeneration
b) **Parkinson's disease**
c) Essential Tremor
d) Alzheimer's Disease& dementia

**109. Pathology of Alzheimer disease**

a) multi infarction
b) **brain cell death**
c) cranial n death

**110. Gualine-Barrie syndrome is closely associated with which one of the following**

a) descending paralysis start from upper limb
b) normal CSF
c) **Ascending paralysis start from the lower limb**
d) need ECG

**111. Old patient around 70 complaining of loss of memory forgetting the names and language problems Ex : NS examination is normal there is memory and visuospatial abnormalities , the CT show enlarged ventricle with brain atrophy**

a) multi-infarct dementia
b) **Alzheimer**
c) PD

**112. Patient complain of migraine symp that it is not relieving completely by acetaminophen she is not smoker not alcoholic and avoiding stress what is the best way to prevent the migraine attacks**

a) **Beta-blocker**
b) biofeedback

**113. Patient came complaining of severe Headache and pain in the periorbital area that is preceded by numbness on examination there was periorbital eye lid swelling and nasal congestion**

a) tension headache
b) **cluster HA**
c) migraine

**114. Patient suspected of having brain abscess, what is the most important question in the history?**

a) **Frontal sinusitis.**
b) Ear discharge.
c) Head injury.
d) Bronchiectasis.

**115. all of the following is extrapyramidal Symptoms except :**

a) Dyskinesia
b) Akathesia
c) Bradykinesia
d) **colonic - tonic convulsion**

**116. Migraine case (How to confirm the diagnosis)**

a) MRI
b) **Careful history and examination**

**117. Adult with unilateral headache pulsatile increase with activity & light**

a) **Migraine**

**118. Patient with CVA came after 6h give him**

a) **Aspirin**
b) t- PA
c) colpidogril
d) heparin

**119. Most common cause of CVA, Mostly embolic resource**

a) **AF**
b) VSD

**120. Yong man predict that he is going to have a seizure , then he became rigid for 15 sec the developed generalized tonic colonic convulsion for 45 sec. you initial ER action in future attacks will be**

a) **Insert airway device.**
b) Apply physical splint or protection.

**121. 27 years male with tonic colonic in ER, 20 mg diazepam was giving & convulsion did not stopped will given**

a) **Diazepam till total dose of 40 mg**
b) Phenytoin
c) Phenobarbitone

**122. Long scenario of restless leg syndrome (he didn't mention Dx in scenario), 85 old male many times awake from his sleep because leg pain, this pain relieved by just if he move his foot, but it recur, etsetra, best management:**

a) Clozapine
b) Haloperidol
c) Lorazepam
d) **One drug from dopamine agonist group forgot its name, it's the right answer.**

- **RLS is a neurological disorder characterized by an irresistible urge to move one's body to stop uncomfortable or odd sensations.It most commonly affects the legs, but can affect the arms & torso**
- **Symptoms: urge to move - worsening of symptoms by relaxation - worse in the evening and early in the night**
- **Treatment: Dopamine agonists "Ropinirole, Pramipexole or gabapentin enacarbil" as first line drugs for daily restless legs syndrome; and opioids for treatment of resistant cases**

**123. What is the organism that causes meningitis in college dormities?**

a) h. influenza
b) Neisseria gonorrhea
c) Streptococcus Pneumonia
d) Staph. Aurous
e) **Neisseria meningitides bacteria**

**124. All following are criteria of chronic fatigue syndrome EXCEPT**

a) More than 6 month, muscle pain and joint pain
b) Persistent, idiopathic, headache
c) Not relieved by rest + poor cognition

- **All choices are true, the answer should be in the choices not written here**

**125. penis numbness after sitting for long time:**

a) **pudendal nerve entrapment**

**126. Regarding chronic fatigue syndrome, which is true?**

a) Antibiotics may reduce the symptoms
b) **Antidepressants may reduce the symptoms**
c) Rest may reduce the symptoms

- **Chronic Fatigue Syndrome: characterizes by profound mental and physical exhaustion. In association with multiple system and neurotic symptoms that last at least 6 months. Must be new (notlifelong), must not be relieved by rest and must result in greater than 50% reduction in previous activity. Presentation with 4 or more of the following : poor memory / concentration, myalgia, arthralgia, sore throat, tender lymph node, recent onset headache, unrefreshing sleep, excessive tiredness with exercise.**
- **Treatment by cognitive and exercise therapy. Also, diet, physiotherapy, dietary supplements& antidepressants.**

**127. Female patient with migraine and she doesn't want any daily medications what to do:**

a) **Biofeedback**

**128. A 65 year old man with history of stroke 5 years ago with behavioral change that he becomes aggressive behavior changes where is the site lesion in the brain:**

a) Occipital Lobe
b) **Frontal Lobe**
c) Temporal Lobe
d) Parietal Lobe

**130. Patient after URTI later on develop proximal muscle weakness , most probably:**

a) **Gullien-Barre syndrome**
b) Osteoarthritis.

- **D.D of proximal muscle weakness:**
- **Myasthenia Gravis and Lambert Eaton Syndrome; both have ocular symptoms with proximal muscle weakness.**
- **Endocrinopathies: hypo/hyperthyroidism, adrenal insufficiency.**
- **Drug induced: steroid, statins, cyclosporine.**
- **Inflammatory mayopathies: dermatomayocytis, polymayocytis**

**129. What is true regarding syncope:**

a) it is cardiac if it the patient has flushing face after it
b) it is vasovagal if it came suddenly
c) **no answer was written**
d) Most common cause of fall in elderly
e) If without warning sign it suspect vasovagal attack

**130. 33 years old make C/O of pain in his lip and right cheek. Pain was stabbing like triggered with touch. O/E, cranial nerves were intact, The best Rx Is:**

a) **Oxcrazepine**
b) Propanol
c) Ergotamine
d) Lithium

**131. In brainstem damage:**

a) Absent spontaneous eye movement
b) **Increase PaCO2**
c) Unequal pupils
d) Presence of motor movement

**132. Patient complain of tension headache, was on acetaminophen but no improvement, she notice that the headache improved when she was pregnant:**

a) **Triptan trial medication (for cluster and migraine inhibit dilation of cranial vessels)**
b) Let her quite her job
c) Drug induced amenorrhea

**133. Which of the following nerves goes with the injury:**

a) median nerve ~ atrophy of interosseous muscles
b) radial ~ claw hand
c) Ulnar ~ wrist drop
d) **tarsal tunnel syndrome - tibial nerve**
e) carpel tunnel syndrome - radial nerve

CHAPTER 1

# Internal Medicine
# Infectious diseases

F
Section

**1. Which of the following is treatment for Giardiasis:**
a) Prazequantil
b) Mebendazole
c) **Metronidazole**
d) Albendazole

- **Giardiasis "Beaver fever" is a diarrheal infection of the small intestine by a parasite : Giardia lamblia**
- **Fecal-Oral transmission**

**2. Patient with central line became sepsis what organisms**
a) **GBS**
b) Neisseria
c) Pseudmomnus
d) E. coli

- **All catheters can introduce bacteria into the bloodstream, but CVCs are known for occasionally causing Staphylococcusaureus and Staphylococcus epidermidis sepsis**
- **Also can be caused by gram-negative rods, Candida spp., and Enterococcus spp**

**3. Best way to prevent Entameba histolytica is**
a) **Boiling**

- **Fecal-Oral transmitted parasite, most important complication is Liver abscess.**
- **Treatment ➔ Metronidazole**

**4. Prevention of Lymedisease, what is best advice to parents?**
a) **Insect "Tick" removal**

- **Lyme disease** "Lyme borreliosis" is an emerging infectious disease caused by at least three species of bacteria belonging to the genusBorrelia
- **Transmitted** to humans by the bite of infected ticks genus called Ixodes ( hard ticks )
- **Symptoms.:** fever, headache, fatigue, depression and a characteristic circular skin rash called erythema migrans
- **Complication**: symptoms may involve the joints, heart and CNS
- **Treatment** : Doxycycline (in adults), amoxicillin (in children), erythromycin (for pregnant women)

**5. 24 years old patient. Came for checkup after a promiscuous relation 1 month ago, he was clinically unremarkable, VDRL: 1/128, he was allergic to penicillin other line of management is:**
a) Ampicillin
b) Amoxicillin
c) Trimethoprim
d) **Doxycycline**

- **Venereal Disease Research Laboratory [ VDRL ] test is a serological screening for syphilis that is also used to assess response to therapy, to detect CNS involvement, and as an aid in the diagnosis of congenital syphilis**
- **The first choice for uncomplicated syphilis is a singledose of intramuscular penicillin G or a single dose of oral azithromycin. Doxycycline and tetracycline are alternative**

**6. Drugs used for Leishmania**

- **There are two common therapies containing antimony (known as pentavalent antimonials) meglumineantimoniate (Glucantime) and sodium stibogluconate (Pentostam)**

**7. Prevention of Lyme disease :**

a) **Treat early disease with doxycycline , Prevent with tick bite avoidance**

- **Explanation: Light-colored clothing makes the tick more easily visible before it attaches itself. People should use special care in handling and allowing outdoor pets inside homes because they can bring ticks into the house.**
- **A more effective, communitywide method of preventing Lyme disease is to reduce the numbers of primary hosts on which the deer tick depends, such as rodents, other small mammals, and deer. Reduction of the deer population may over time help break the reproductive cycle of the deer ticks and their ability to flourish in suburban and rural areas.**
- **Backyard patios, decks, and grassy areas that are mowed regularly are unlikely to have ticks present. This may be because of the lack of cover for mice from owls and other raptors that prey on mice. The ticks also need moisture, which these areas do not provide. The areas around ornamental plantings and gardens are more hospitable for mice and ticks. The highest concentration of ticks is found in wooded areas. Individuals should try to prevent ticks from getting onto skin and crawling to preferred areas.**
- **Long hair should be worn under a hat. Wearing long-sleeved shirts and tucking long pants into socks is recommended**

**8. Parents asking about Lyme disease for their children. practitioner is most correct to tell them (for prevention)**

a) **Kill vector**
b) Clothes of natural fibers
c) Antibacterial soap

**9. Drug of choice for a schistosomiasis is:**

a) **Praziquantel** "Single oral dose annually"
b) Oxaminiquine
c) Artemether

**10. Man who received blood transfusion back in 1975 developed jaundice most likely has:**

a) Hepatitis A
b) **Hepatitis C**
c) Hepatitis D
d) Hepatitis E
e) Autoimmune hepatitis

**11. Best method to prevent plague is:**

a) Hand wash
b) **Kill rodent**
c) spray pesticide
d) give prophylactic AB

- **Plague is a deadly infectious disease that is caused by the enterobacteria Yersinia pestis. carried by rodents mostly rats**

**12. Patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic for Bacteroidfragilis, so what you will give?**

a) Amoxicillin
b) **Clindamycin**
c) Doxycycline
d) Gentamicin

**13. Treatment of peritonitis the organism is *Bacteroidfragilis***

a) Clindamycin
b) Metronidazole
c) Carbapenem

- ***B. fragilis*** **is involved in 90% of anaerobic peritoneal infections**
- ***B. fragilis*** **is susceptible to metronidazole, carbapenems, tigecycline, beta-lactam/beta-lactamase inhibitor combinations (e.g., Unasyn, Zosyn), and certain antimicrobials of the cephamycin class, including cefoxitin**
- **Clindamycin is no longer recommended as the first-line agent for *B. fragilis* due to emerging high-level resistance**

**14. 17 years old boy admit to involve in recurrent illegal drug injection, what the screening test to do?**

a) HIV
b) Hepatitis B
c) **Hepatitis C**

- **All are correct but maybe Hepatitis C is most common**

**15. Patient with gonorrhea infection what else you want to check for?**

a) **Chlamydia trachomatis**

- **They are both Sexually Transmitted Diseases**

**16. Long scenario for patient came to ER after RTA, splenic rupture was clear, accurate sentences describe long term management:**

a) we give pneumococcal vaccine for high risky people just
b) **we should give ABs prophylaxis if there is history of contact even with vaccination against pneumococcal**
c) pneumococcal vaccine should not be given at same time with MMR

**17. Question about pneumococcal vaccine types and indications,**

- **The pneumococcal conjugate vaccine is currently recommended for all children under 5 years of age.**
- **Polysaccharide pneumococcal vaccine that is currently recommended for usein**
  1) **All adults who are older than 65 years of age**
  2) **Persons who are 2 years and older and at high risk for disease (e.g., sickle cell disease, HIV infection, or other immunocompromising conditions).**
  3) **Adults 19 through 64 years of age who smoke cigarettes or who have asthma**

**18. Yersinia bacteria**

- **Gram negative self-limited enterocolitis, fever & bloody watery mucoid diarrhea, can be confused with appendicitis, so it is called Pseudoappendicitis**

**19. Man present with painless ulcer in his penis with indurate base and everted edge so diagnosis is**

a) **Syphilis "painless"**
b) Gonorrhea
c) Choncroid "painful"
d) HSV

**20. Leshmania transmission by**

a) **sand fly**
b) rodent

**21. Which of the following NOT transmitted by mosquitoes :**

a) Rift valley fever
b) Yellow fever
c) **Relapsing fever**
d) Filariasis
e) Dengue fever

- **Rift valley fever, most commonly the Aedes mosquito.**
- **Yellow fever, viral hemorrhagic fever transmitted by infected mosquitoes.**
- **Relapsing fever, an infection caused by certain bacteria in the genus Borrelia. It is a vector-borne disease transmitted through the bites of lice or soft-bodied ticks.**
- **Filariasis, Lymphatic filariasis is transmitted by different types of mosquitoes for example by the Culex mosquito.**
- **Dengue fever, by bites of infective female Aedes mosquitoes.**

**22. History of EBV and +ve culture for EBV what is the diagnosis?**

a) **Infectious mononucleosis**

**23. Trichotillomania treatment is**

a) **Fluoxetine**

- **Note no clomipramine with answers**

**24. Pregnant lady with cystitis, one of the following drugs contraindicated in her case:**

a) Amoxicillin
b) Ceftriaxone
c) **Flouroquiolone**

**25. Pregnant woman with UTI has penicillin allergy?**

a) **Nitrofurantoin**
b) Ampicillin
c) Sulfatrimethoprim
d) Tetracycline
e) Aminoglycoside

**26. Male patient gave a history of left knee swelling & pain 5 days back, two days back he had right wrist swelling & redness. He had recently traveled to India. On examination there was tenderness & limitation of movement. 50 cc of fluid was aspirated from the knee. Gram stain showed gram negative diplococci. What is the most likely organism?**

a) Brucella Militans
b) **Neisseria gonorrhea**
c) Staph aureus
d) Strep pneumonia
e) Strep pyogenes

**27. Patient has EBV, during abdomen exam, became pale with tender LUQ :**

a) IVF
b) **Urgent CT**
c) rush him to OR

**28. Patient with malaria in outbreak, what is the common way to prevent?**
a) **Vector eradication & avoid mosquito bites**
b) Kill the vector and spray your clothes
c) Avoid and spray Something

**29. Treatment of EBV ( in scenario there patent with tonsiller exudates, lymphadenopathy, splenomegaly)**
a) Oral acyclovir
b) Oral antibiotic
c) IM or IV acyclovir
d) **Supportive TTT**
e) Observation

- **Treatment of patients with infectious mononucleosis generally is supportive, consisting primarily of rest, analgesics, and antipyretics.**

**30. The following can be used as prophylaxis for malaria in chlorquine resistant area Except:**
a) Mefloquine
b) Doxycycline
c) Chlorquine with Proguanil
d) Pyrimethamin
e) **Dapsone**

- **Limited chloroquine resistance**: chloroquine plus proguanil, alternative doxycyline or mefloquine
- **Significant chloroquine resistance**: mefloquine alternative doxycyline or malarone

**31. Malaria case, beside antiobtic how to prevent?**
a) **Kill the vector**

**32. Giemsa stained blood film :**
a) **Malaria**

- **Blood films are usually examined to investigate hematological problems (disorders of the blood) and, occasionally to look for parasites within the blood such as malaria and filaria.**

**33. Patient with history of fever, peripheral blood film +ve for malaria:**
a) Banana shaped erythrocyte is seen in P. vivax
b) **Mostly duo to P. falciparium**
c) Treated immediately by primaquin 10mg for 3 days
d) Response to Rx will take 72 hr to appear

- **The majority of malaria infection is caused by either P. falciparum or P. vivax, and most malaria-associated deaths are due to P. falciparum. RBC shapes don't change if infected with malaria. Primaquine is used for irradication of P.ovale&p.vivax.**
- **Chloroquine is the 1st line of treatment & is used in 2 doses.**

**34. Malaria in a child**
a) Crescent shape gametocyte of vivex is diagnostic in the stool
b) The immediate ttt primquine for 3 days
c) 72 hours treatment of malaria is sufficient
d) **The most common cause is falciparum**

**35. German Measles (Rubella)**
a) Arthralgia
b) **Arthritis**

**36. Regarding protective measures of malaria, all true except:**

a) **Infection occur more in day than night**
b) using insect repellant is useful
c) Because no antimalarial is 100% effective, avoiding exposure to mosquitoes in endemic areas is essential
d) Female anopheles mosquito feeds primarily from dusk until dawn, travelers can reduce their risk of malaria by limiting evening outdoor activities
e) Using permethrin-treated clothing in conjunction with applying a topical DEET repellent to exposed skin gives nearly 100% protection
f) Sleep in an air-conditioned or well-screened room under mosquito nets

**37. 40 years old white male is transferred to your institution in septic shock less than 24 hours after onset of symptoms of a non-specific illness. He underwent a splenectomy for trauma 5 years ago. Antibiotic coverage must be directed against:**

a) Streptococcus, group A.
b) Klebsiella pneumonia.
c) Staphylococcus aureus.
d) Escherichia coli.
e) **Streptococcus pneumonia.**

**38. In a gram negative bacterial septicemia :**

a) Pseudomonas is the most common organism involved.
b) **Many of the adverse changes can be accounted for by endotoxin.**
c) The cardiac index is low
d) Central venous pressure is high.
e) Endotoxin is mainly a long-chain peptide.

- **Endotoxins are bacterial wall lipopolysaccharides that are responsible for many of the cellular and hemodynamic effects of septic shock.**

**39. In septic shock**

a) The mortality rate is 10 to 20%
b) Gram-negative organisms are involved exclusively
c) **The majority of patients are elderly**
d) The most common source of infection is alimentary tract.
e) Two or more organisms are responsible in the majority of cases.

- **The mortality rate in septic shock may reach up to 50%, though gram negative bacteria are the most common pathogens, other gram positive and some fungi may cause it. It is more common in children, elderly and immunocompromised patient. The most common primary sources of infection resulting in sepsis are the lungs, the abdomen and the urinary tract, but in one third of cases no source is found**

**40. HSV type 1 infection of the oral cavity, all true EXCEPT:**

a) Is the commonest viral infection in the oral cavity
b) Can give gingivostomatitis
c) **In primary infection, there is systemic involvement**
d) May present with tonsillitis without oral lesion

- **Primary infection may be associated with fever & headache, all other choices are true**

**41. Positive menngiocoal TB**

a) **Rifampicin 7 days**
b) 3-single dose IM ceftriaxone

**42. Human bite to the hand, greatest risk of infection in which position**
a) Dependent
b) **Clenched fist injury (Infection rate is higher than other types)**
c) Finger extended
d) Extended thump
e) Extended fingers

**43. All true about cephalosporin use, except:**
a) **The most common side-effect is allergy**
b) There is a skin test for cephalosporin sensitivity

- **Common side effects** of Cephalosporin are mainly the digestive system: mild stomach cramps or upset, nausea, vomiting and diarrhea. These are usually mild and go away over time. Sometimes cause overgrowth of fungi normally present in the body, causing mild side effects such as a sore tongue, mouth, or vaginal yeast infections.
- **Allergic reactions to cephalosporin** are infrequent, but may cause life-threatening reactions such as severe difficulty breathing and shock. It is common in penicillin allergic patients

**44. Cat bite predispose to skin infection by witch organism؟**
a) Staph
b) Strept
c) **Pasteurella multocida**

**45. Human bite:**
a) Cleanse and debride as usual
b) **Tetanus prophylaxis as indicated**
c) Antibiotic prophylaxis Augmentin

**46. A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:**
a) **Give Augmentin**
b) suture the wound
c) give tetanus shot
d) send home with close observation and return in 48 hours

**47. Most common causes of hand infection**
a) **Trauma**
b) Immunocompromised

- **Explanation: Most hand infections are bacterial and are the result of minor wounds that have been neglected. Human bite wounds are the second most common cause of hand infections.**

**48. Rubella infection ,one is true**
a) Incubation period is 3-5 days
b) Oral ulcer
c) **Arthritis**
d) Does not cause heart complication for the fetus

- **Rubella**: Spread person to person, virus may be shed beginning 7 days before rash to 14 day after,
- **The incubation period** varies from 12 to 23 days (average, 14 days).
- **Signs and symptoms**: fever, Rash, adenopathy and arthralgia , **Arthritis is one of the rubella complication**

**49. 15 years old Saudi boy presented to ER with fever, skin rash and shock. He was resuscitated and admitted to isolation ward with strong suspicion of meningococcal meningitis. LP confirmed the diagnosis. One of the following statements is TRUE:**

a) **Patient should be isolated in negative pressure room**
b) Prophylaxis treatment should be given to all staff and patient were in ER when the patient was there
c) Ciprofloxacin 500 mg once is an acceptable chemotherapy
d) Meningococci are transmitted by contact only
e) Meningococci are resistant to penicillin

- **Patient with meningiococcal meningitis isolation for 24 hours after starting the antibiotics is of prime importance, since it spreads by droplet infection, it should be in a negative pressure room (similar to T.B.).**
- **Chemoprophylaxis is given to contacts (including staff) who didn't receive the vaccine in the past 2 years.**
- **The chemoprophylaxis is cipro 500 mg po OD (this is preventive not therupitic).**

**50. Most common source of bacterial infection in I.V canula is:**

a) Contamination of fluids during manufacturing
b) Contamination of fluids during insertion of the canula
c) **Contamination at site of entry through skin**
d) Contamination during injection of medication
e) Seeding from remote site due to intermittent bacteremia

- **Explanation:** Most common source of infection is through the skin by the flora present there which is staph. Epidermidis.

**51. In brucellosis, all of the following are true EXCEPT:**

a) **brucella abortus cause more severe form than B. melitansis in children**
b) human to human is rarely document
c) human can be infected through inhalation
d) brucella species are small, non-motile gram –vecoccobacilli

**52. Which of the following is appropriate method to prevent brucellosis**

a) Killing the vectors
b) Prophylactic antibiotics
c) **Pasteurization of the milk**

- **Brucellosis** "Malta fever, Maltese fever, Mediterranean fever" is a zoonosis infection caused by ingestion of unsterilized milk or meat from infected animals or close contact with their secretions "Gm-ve Coccobacillus"
- **Symptoms**: Septicemia lead to "fever + sweating + migratory arthralgia and myalgia"
- **Treatment**: Daily IM injections of streptomycin 1 g for 14 days and oral doxycycline 100 mg twice daily for 45 days (concurrently)

**53. In brucellosis, all is true EXCEPT:**

a) Back pain
b) Hepatomegaly
c) Splenomegaly
d) Lymphadenopathy
e) **Gastroenteritis**

**54. Fecal leukocytes come with all EXCEPT:**
a) Shigellosis.
b) Clindamycin induced colitis.
c) Idiopathic ulcerative colitis.

**55. Patient discharge with meningococcal meningitis and now asymptomatic, what is next step?**
a) Rifampicin
b) Ceftriaxone
c) no vaccine

**56. Patient with 2nd syphilis receive 2nd dose of penicillin became hypotensive**
a) Stop penicillin

- **Patient is allergic to penicillin.**

**57. Case about patient with papules in the genital area with central umbalicasation, history of unprotected sex "Molluscum contagiosum", what is the treatment?**
a) Acyclovir

**58. A man travelled to some country, there is endemic of onchocerciasis, he stays there for 1 wk. His liability to get this disease is**
a) HIGH
b) SEVERE
c) MINIMUM NON-EXISTENT

**59. Patient came with fatigue, weight loss and diarrhea. He received a blood transfusion when he was in kenea. He has low grade fever. The vitals are stable, Skin EX. There is contagious mollosum in groin ( i guess it written like this ) There is generalized lymphadenopathy and palpable liver ,, what is the diagnosis:**
a) secondary syphilis
b) persistent chronic hepatitis B
c) HIV
d) acute lymphoma

**60. In Window period of hepatitis B**
a) HBc
b) HBs ag
c) HBs antibody
d) HBc Ab (IgM)

**61. 12years old girl with malaise, fatigue, sore throat and fever. On examination there were petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly. All are complications except :**
a) Aplastic anemia
b) Encephalitis
c) Transverse myelitis
d) Splenic rupture
e) Chronic active hepatitis

CHAPTER 1

# Internal Medicine
# Endocrinology

G
Section

1. **Patient known case of DM type 2 on insulin, his blood sugar measurement as following: morning= 285 mg/dl, at 3 pm= 165 mg/dl, at dinner time= 95 mg/dl. What will be your management:**
   a) **Increase evening dose of long acting insulin**
   b) Decrease evening dose of short acting insulin
   c) Decrease evening dose of long acting insulin
   d) Increase evening dose of short acting insulin

2. **Patient known case of IDDM, presented with DKA, K= 6 mmol/L and blood sugar= 350 mg/dl. You will give him:**
   a) IV fluid
   b) **IV fluid and insulin**
   c) Sodium bicarbonate

3. **Patient increase foot size 39 >> 41.5 and increase size of hand and joint which hormone**
   a) Thyropine
   b) Prolactin
   c) ACTH
   d) **Somatotropic hormone " known as Growth Hormone"**

4. **Typical symptom of diabetic ketoacidosis what is the mechanism?**
   a) **No insulin→ fat acid utilization →keton**

5. **Patient came with whitish discharge from the nipple, her investigation show pituitary adenoma, which hormone responsible for this?**
   a) **Prolactin**

6. **T4 high , Free T3 high TSH low diagnosis:**
   a) Immune thyroiditis

- **Not the correct option**

7. **Young male with unilateral gynecomastia**
   a) Stop soya product
   b) compression bra at night
   c) **It will resolve by itself**

8. **42 year sold with thyroid mass, what is the best to do?**
   a) **FNA**

9. **Hypothyroid patient on thyroxin had anorexia, dry cough and dyspnea& left ventricular dysfunction. She had normal TSH & T4 levels, Hyperphosphatemia & hypocalcemia. The diagnosis is:**
   a) Primary hypoparathyroidism
   b) **Secondary hypoparathyroidism**
   c) Hypopituitaritism
   d) Uncontrolled hyperthyroidism

10. **Patient with DM-II has conservative management still complaining of weight gain and polyuria, give:**
    a) Insulin short acting
    b) **Metformin**
    c) Long acting insulin

**11. 34 years old female patient presented with terminal hair with male hair distribution and has female genital organs. The underlying process is:**

a) Prolactin over secretion
b) **Androgen over secretion**

**12. Female patient presented with symptoms of hyperthyroidism, tender neck swelling & discomfort. She had low TSH & high T4 level. The diagnosis is:**

a) **Subacute thyroiditis**
b) Thyroid nodule
c) Grave's disease

- **Thyroiditis**: Inflammation of the thyroid gland. Common types are subacute granulomatous, radiation, lymphocytic, postpartum, and drug-induced (e.g., amiodarone) thyroiditis.
- **Signs &syptoms:** In subacute and radiation, presents with tender thyroid, malaise, and URI symptoms.
- **Diagnosis**: Thyroid dysfunction (typically hyperthyroidism followed by hypothyroidism), all with ↓ uptake on RAIU
- **Treatment**: β-blockers for hyperthyroidism; levothyroxine for hypothyroidism, Subacute thyroiditis: Anti-inflammatory medication.

**13. Primary hyperaldosteronism associated with:**

a) Hypernatremia
b) Hypomagnesemia
c) **Hypokalemia**
d) Hyperkalemia

**14. Patient presents with this picture only, no other manifestations “organomegaly or lymphadenopathy” what is the diagnosis?**



a) Mononucleosis
b) **Goiter**
c) Lymphoma

**15. Thyroid cancer can be from**

a) Hypothyroidism
b) **Graves’ disease**
c) Toxic nodule

- **Best answer is B " there is a higher incidence of thyroid neoplasia in patients with Graves’ disease**

**16. Patient is complaining of irritation, tachycardia, night sweating, labs done showed TSH: Normal, T4: High, diagnosis is:**

a) **Graves’ disease**
b) Secondary Hypothyriodism
c) Hashimoto’s thyroiditis

**17. Hirsutism associated with which of the following:**

a) **Anorexia**
b) Juvinal hypothyroidism
c) Digoxin toxicity
d) c/o citrate

**18. 8 years old boy which is 6 year old height & bone scan of 5.5 years, what is the diagnosis?**

a) Steroid
b) Genetic
c) Hypochondriplasia
d) **Hypothyroidism**

- **Achondroplasia**, a nonlethal form of chondrodysplasia, is the most common form of short-limb dwarfism. It is inherited as autosomal dominant trait with complete penetrance.
- Features include disproportionate short stature, megalencephaly, a prominent forehead (frontal bossing), midface hypoplasia, rhizomelic shortening of the arms and legs, a normal trunk length, prominent lumbar lordosis, genu varum, and a trident hand configuration.

**19. 60 years old male complain of decreased libido, decreased ejaculation, FBS= 6.5 mmol, increased prolactin,normal FSH and LH, what is the next step:**

a) Testosterone level
b) DM
c) NL FBG
d) **CT of the head**

**20. Single thyroid nodule showed high iodine uptake, what is the best treatment?**

a) Radio Iodine 131
b) Send home
c) **Antithyriod medication**
d) Excision if present

**21. Thyrotoxicosis include all of the following, Except:**

a) Neuropathy
b) **Hyperglycemia**
c) Peripheral Proximal myopathy

**22. The most active form is:**

a) T4
b) **T3**
c) TSH

**23. 45 years old presented with polyurea, urine analysis showed glucosurea& negative ketone, FBS 14mmol. What is the best management of this patient?**

a) Intermediate IM insulin till stable
b) NPH or Lent insulin 30mg then diet
c) Sulphonylurea
d) Diabetic diet only
e) **Metformin**

- **In older patients the first approach is by diet only, especially that he is not clearly into glucose toxicity**
- **Tablet treatment for DM II are used in association with dietary treatment when diet alone fails starting with Metformin if no contraindications**

**24. Metformin , which is true :**

a) Cause hypoglycemia
b) Cause weight gain
c) **Suppress gluconeogenesis**

**25. A 30 years old teacher complaining of excessive water drinking and frequency of urination, on examination Normal. You suspect DM and request FBS = 6.8 .the Dx is :**

a) DM
b) DI
c) Impaired fasting glucose
d) NL blood sugar
e) Impaired glucose tolerance

- **Although reading of FBS suggest an impaired fasting glucose, but this does not explain the symptoms (as patients with prediabetes are asymptomatic.so, DI is a reasonable answer.**
- **In patients who present with symptoms of uncontrolled diabetes (eg, polyuria, polydipsia, nocturia, fatigue, weight loss) with a confirmatory random plasma glucose level of >200 mg/dL (11.1 mmol/dl), diabetes can be diagnosed. In asymptomatic patients whose random serum glucose level suggests diabetes, fasting plasma glucose (FPG) concentration should be measured.**
- **The oral glucose tolerance test no longer is recommended for the routine diagnosis of diabetes.**
- **An FPG level of >126 mg/dL (7mmol) on 2 separate occasions is diagnostic for diabetes.**
- **An FPG level of 110-125 mg/dL (6.1 – 6.94 mmol) is considered impaired IFG.**
- **An FPG level of <110 mg/dL (6.1) is considered normal glucose tolerance, though blood glucose levels above >90 mg/dL (5mmol) may be associated with an increased risk for the metabolic syndrome if other features are present.**

**26. 42 years old female presented with 6 month Hx of malaise , nausea & vomiting, lab Na = 127 , K = 4.9 , Urea= 15, creatinine = 135, HCO3 = 13, glucose = 2.7 mmol, the most likely Dx:**

a) hypothyroidism
b) pheochromocytoma
c) hypovolemia due to vomiting
d) SIADH
e) Addison's disease

**27. In DKA, use**

a) Short and intermediate acting insulin
b) Long acting insulin.

- **Short acting insulin is most preferred to avoid causing hypoglycemia. Also important measures in treatment of DKA are fluid and potassium replacement along for searching for a source of infection and treating it.**

**28. A 46-year-old man, a known case of diabetes for the last 5 months. He is maintained on Metformin 850 mg Po TID, diet control and used to walk daily for 30 minutes. On examination: unremarkable. Some investigations show the following: FBS 7.4 mmol/L, 2 hr PP 8.6 mmol/L, HbA1c 6.6% , Total Cholesterol 5.98 mmol/L, HDLC 0.92 mmol/L, LDLC 3.88 mmol/L, Triglycerides 2.84 mmol/L (0.34-2.27), Based on evidence, the following concerning his management is TRUE:**

a) The goal of management is to lower the triglycerides first.
b) The goal of management is to reduce the HbA1c.
c) The drug of choice to reach the goal is Fibrates.
d) The goal of management is LDLC ≤ 2.6 mmol/L.
e) The goal of management is total cholesterol ≤ 5.2 mmol/L.

**29. Old patient take hypercalcemic drugs and developed gout, what is responsible drugs?**

a) Furosemide
b) Thiazide

**30. Hyperprolactinemia associated with all of the following except :**

a) Pregnancy
b) Acromegaly
c) OCP
d) Hypothyroidism

- **The diagnosis of hyperprolactinemia should be included in the differential for female patients presenting with oligomenorrhea, amenorrhea, galactorrhea, or infertility or for male patients presenting with sexual dysfunction. Once discovered, hyperprolactinemia has a broad differential that includes many normal physiologic conditions.**
- **Pregnancy always should be excluded unless the patient is postmenopausal or has had a hysterectomy. In addition, hyperprolactinemia is a normal finding in the postpartum period.**
  **Other common conditions to exclude include a nonfasting sample, excessive exercise, a history of chest wall surgery or trauma, renal failure, and cirrhosis. Postictal patients also develop hyperprolactinemia within 1-2 hours after a seizure. These conditions usually produce a prolactin level of less than 50 ng/mL.**
- **Hypothyroidism, an easily treated disorder, also may produce a similar prolactin level.**
- **Pregnancy, breastfeeding, mental stress, sleep, hypothyroidism, Use of prescription drugs is the most common cause of hyperprolactinaemia.**
- **In men, the most common symptoms of hyperprolactinaemia are decreased libido, erectile dysfunction, infertility and Gynecomastia**
- **If no obvious cause is identified or if a tumor is suspected, MRI should be performed.**

**31. Patient came to you & you found his BP to be 160/100, he isn't on any medication yet. Lab investigations showed: Creatinine (normal), Na 145 (135-145), K 3.2 (3.5-5.1), HCO3 30 (22-30), what is the diagnosis?**

a) essential hypertension
b) pheochromocytoma
c) addisons disease
d) Primary hyperaldosteronism

- **Patient with high sodium, low k, and high bicarbonate → Primary hyperaldostronism**

**32. Regarding the criteria of the diagnosis of diabetes mellitus, the following are true EXCEPT:**

a) Symptomatic patient plus casual plasma glucose ≥ 7.6 mmol/L is diagnostic of diabetes mellitus
b) FPG ≥ 7.0 mmol/L plus 2 h-post 75 gm glucose ≥ 11.1 mmol/L is diagnostic of diabetes mellitus
c) FPG ≤ 5.5 mmol/L = normal fasting glucose.
d) FPG ≥ 7.0 mmol/L = provisional diagnosis of diabetes mellitus and must be confirmed in another setting in asymptomatic patient
e) 2-h post 75 gm glucose ≥ 7.6 mmol/L and < 11.1 mmol/L = impaired glucose tolerance.

**33. A 30 years male presented with polyuria, negative keton, Random blood suger 280 mg/dl. management:**

a) Nothing done only observe
b) Insulin 30 U NPH+ diet control
c) Diet and exercise
d) Oral hypoglycemic

- **Patient is symptomatic & RBS ≥ 11.1 DX is DM type 2. RX initially with diet and exercise and decrease Wt for 6-8 wks if further add Metformin**

**34. Thyroid cancer associated with:**

a) Euthyroid
b) hyperthyroid
c) hypothyroid
d) graves

**35. A cervical lymph node is found to be replaced with a well differentiated thyroid tissue. At the operation there are no palpable lesions in the thyroid gland. The operation of choice is:**

a) Total thyroidectomy & modified dissection
b) **Total thyroidectomy and radical neck dissection**
c) Total thyroidectomy
d) Thyroid lobectomy and removal of all local lymph nodes
e) Thyroid lobectomy and isthmusthectomy and removal of all local enlarged lymph nodes.

**36. Female come with manfestations of hypothyroidism, sleeping, myxedema, cold intelorance, now she suffer from difficulty in breathing, wheezing, TSH= normal, T4 normal, Ca = decrease, phosphorus= normal**
**ALP= normal, what is your diagnosis?**

a) **Secondary hypoparathyrodisim**

**37. The FIRST step in the management of acute hypercalcemia should be:**

a) **Correction of deficit of Extra Cellular Fluid volume.**
b) Hemodialysis.
c) Administration of furosemide.
d) Administration of mithramycin.
e) Parathyroidectomy.

**38. Type 1 diabetic, target HA1C:**

a) 9
b) 8
c) **6.5**

**39. 19 years old athlete, his weight increase 45 pound in last 4 months. In examination, he is muscular, BP 138/89, what is the cause?**

a) Alcohol
b) Cocaine abuse
c) **Anabolic steroid use**

**40. Adult had a history of palpitation, sweating and neck discomfort for 10 days , lab CBC normal , ESR 80 , TSH 0.01, F T4 high , what is the diagnosis?**

a) Graves' disease
b) **subacute thyroiditis**
c) hashimoto thyroiditis
d) toxic multinodular goiter

**41. Female come to the clinic with her baby of 6 month, she had tremor and other sign I forgot it, which of the following is most likely diagnosis:**

a) Hashimoto
b) **Postpartum thyroiditis**
c) hypertyrodism
d) sub acutetyroditis
e) hypothriodism

**42. Diabetic patient on insulin and metformin has renal impairment. What's your next step:**

a) **Stop metformin and add ACE inhibitor**

**43. Cushing syndrome best single test to confirm:**

a) plasma cortisone
b) ATCH
c) **Dexamethasone Suppression test**

**44. The following more common with type 2 DM than type 1 DM:**

a) Weight loss
b) Gradual onset
c) **Hereditary factors**
d) HLA DR3+-DR4

**45. Patient was presented by tremor, fever ,palpitation ,diagnosed as case of hyperthyroidism, what is your initial treatment:**

a) Surgery.
b) Radio iodine
c) **Beta blockers**
d) Propylthioracil

- **First B-blocker then Prophylthiouracil because we are afraid of arrhythmias**

**46. Patient with truncal obesity, easy bruising, hypertension, buffalo hump, what is the diagnosis**

a) **Cushing's Syndrome**

**47. Blood sugar in DM type 1 is best controlled by :**

a) Short acting insulin
b) Long acting
c) Intermediate
d) Hypoglycemic agents
e) **Basal and bolus insulin.**

- **Very vague question. We can exclude hypoglycemic agents. Short acting insulin is best in emergencies like DKA as it can be given IV. We can use either long acting alone daily or a mixture of short & intermediate acting insulin daily. Basal &bolus,(short acting + intermediate or long), bolus of short-acting or very-short-acting insulin before meals to deal with the associated rise in blood-sugar levels at these times. In addition, they take an evening injection of long- or intermediate-acting insulin that helps normalise their basal (fasting) glucose levels. This offers greater flexibility and is the most commonly adopted method when intensified insulin therapy is used to provide optimal glycaemic control.**

**48. Well known case of DM was presented to the ER with drowsiness, in the investigations: Blood sugar = 400 mg/dl, pH = 7.05, what is your management:**

a) 10 units insulin + 400 cc of dextrose
b) 0.1 unit/kg of insulin , subcutaneous
c) NaHCO.
d) **One liter of normal saline**

**49. Pregnant patient came with neck swelling and multiple nodular non-tender goiter the next evaluation is:**

a) Thyroid biopsy
b) Give anti-thyroid medication
c) Radiation Iodine
d) **TSH & Free T4, or just follow up**

**50. Old patient with neck swelling, nodular, disfiguring, with history of muscle weakness, cold intolerance , hoarseness, what is your management :**

a) Levothyroxine
b) Carbamazole
c) **Thyroid lobectomy**
d) Radio-active iodine

**51. Pregnant woman with symptoms of hyperthyroidism , TSH low :**

a) **Propylthyiouracil**
b) Radio-active iodine
c) Partial thyroidectomy

**52. Diabetic patient on medication found unconscious his blood sugar was 60, what is the most common to cause this problem**

a) **Sulfonylurease**
b) Bigunides

**53. 40 years old male, presented with large hands, Hepatomegaly, diagnosis :**

a) **Acromegaly**
b) Gigantism

**54. Old diabetic patient who still have hyperglycemia despite increase insulin dose, the problem with insulin in obese patients is:**

a) ↑ insulin receptors kinase activity
b) ↑ number of insulin receptor
c) ↑ circulation of anti-insulin
d) ↓ insulin production from the pancreas
e) **↓ post-receptor action**

**55. Female not married with normal investigation except FBS=142. RBS196, what is the treatment:**

a) give insulin subcutaneous
b) advice not become married
c) barrier contraceptive is good
d) **BMI control**

**56. Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent cause:**

a) **Insulin mismanagement**
b) Diet mismanagement

**57. 70 years Saudi diabetic male suddenly fell down, this could be:**

a) Maybe the patient is hypertensive and he developed a sudden rise in BP.
b) **He might had forgot his oral hypoglycemic drug**
c) Sudden ICH which raise his ICP.

- **The diagnosis is Non-ketotic hyperosmolar coma which can present with Hyper viscosity and increased risk of thrombosis Disturbed mentation Neurological signs including focal signs such as sensory or motor impairments or focal seizures or motor abnormalities, including flaccidity, depressed reflexes, tremors or fasciculations. Ultimately, if untreated, will lead to death.**

**58. Patient present with constipation "hypothyroidism", To confirm that the patient has hypothyroidism:**
a) T4
b) **TSH**
c) Free T4

**59. Which of the following medications should be avoided in diabetic nephropathy:**
a) Nifidipine
b) losartan
c) lisinopril
d) **Thiazide**

**60. Which of the following indicate benign thyroid lesion:**
a) **Lymphadenitis**

**61. Patient come to you for checkup, he has DM his blood sugar is well controlled, but his BP is 138/86 , all other physical examination show no abnormality including neurological examination, he is following regularly in ophthalmology clinic, What you will put in your plan to manage this patient?**
a) **Giving ACE inhibitor " goal for BP fo DM : 130/80"**

**62. Female patient with hypothyroidism, TSH high but he did not give the total T4 nor free, pulse normal, BP normal, she is on thyroxin, what you will do:**
a) Increase thyroxin follow after 6 months
b) **Increase thyroxin follow after 3 months**
c) decrease thyroxin follow after 6 months
d) decrease thyroxin follow after 3 months

**63. All causes hyperprolactinemia, EXCEPT:**
a) Pregnancy
b) Acromegaly
c) Methyldopa
d) **Allopurinol**
e) Hypothyroidism

**64. DM1 :**
a) **HLA DR4**

**65. Difference between primary and secondary hyperaldosteronism :**
a) **Increase rennin in secondary**

- **Primary: increased aldosterone due to a local cause in adrenals e.g. adrenal hyperplasia.**
- **Secondary: increased activity of RAA system. It is mainly due to high levels or renin e.g. Juxtaglomerular tumor.**

**66. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnoses is:**
a) **Mycosis**
b) Aspirglosis
c) Foreign body

**67. Which hormone affect the bile acid & lowering the cholesterol:**
a) **Cholecystokinin**

**68. Thyroid nodules nonmalignant:**
a) Multiple

**69. thyroid carcinoma that Mets to cervical lymph node and biopsy showed well differentiated thyroid tissues:**
a) Total thyroidectomy with modified neck dissection
b) Total thyroidectomy with radical neck dissection

**70. Mechanism of Cushing disease**
a) Increase ACTH from pituitary adenoma
b) Increase ACTH from adrenal

**71. all of the following are signs of malignant thyroid except :**
a) irradiation to the head and neck
b) fixity to tissues
c) multiple nodules

**72. A pregnant woman with tachycardia and irritability and multinodular goiter. Her TSH is less than 0.1 mmol. How to treat her:**
a) Thyroidectomy
b) Antithyroid
c) Radioactive iodine

**73. .a man recently diagnosed with DM I, when will you do eye check:**
a) Now and annually
b) After 5 years and annually

**74. treatment of chronic goitre:**
a) Allopurinol

**75. Recently diagnosed with DM type II, 32 years old, exercise for 8 weeks and BMI changed from 32 to 31. Labs shown on table? But no table!!!!!**
a) Continue exercise
b) Start medication

**76. Female patient with wide-open eyes, tremors in hands that do not diminish with intention, What investigation will you do:**
a) Pituitary Scan
b) T4 Levels

**77. 50-year old accountant, sedentary lifestyle, BMI 30, takes irregular meals; arteries show signs of early atherosclerotic changes. What will you advise:**
a) No meds necessary
b) Prescribe diet of 600 kcal/day and reevaluate in 4 months
c) Prescribe over weight diet and reevaluate in 6 months

**78. Patient with elevated TSH and elevated T3,T4:**
a) 2ry hyperthyroidism



**79. What is the diagnosis:**
a) Graves' disease

**80. patient with DM and obese ,plane to reduce his wt is :**

a) Decrease calorie intake in day time
b) Decrease calorie and increase fat
c) **Decrease by 500 kcal/kg per week**
d) Decrease 800 per day

**81. Table with investigation, Na 112, Osmolality 311 low, What is the diagnosis:**

a) Conn's syndrome
b) Cushing syndrome
c) **SIADH**
d) Diabetes insipidus

**82. HbA1c is useful in:**

a) Adjustment of insulin
b) Monitoring diabetic control on day-to-day basis
c) **Longer term diabetic control monitoring**

**83. Patient presented with typical symptoms of hyperthyroidism. What's the most effective and rapid way to relieve symptoms:**

a) **Propranolol**
b) PTU
c) Radioactive iodine
d) Surgery

**84. Healthy patient with family history of DM type 2, the most factors that increase chance of DM are:**

a) **HTN and Obesity**
b) Smoking and Obesity
c) Pregnancy and HTN
d) Pregnancy and Smoking

**85. In diabetic retinopathy, most related factors:**

a) **HTN and obesity**
b) HTN and smoking
c) Smoking and obesity

- **The risk factors that increase diabetic retinopathy background are:**
  - HTN
  - Poor glucose control or long case D.M
  - Raised level of fat ( cholesterol)
  - Renal disease
  - Pregnancy (but not in diabetes caused by pregnancy)

**86. Antidiabetic gliazide medication, asking for the mechanism of action:**

a) **Stimulate insulin secretion from pancreas (secretagogue)**

- **Lower blood glucose acutely by stimulating the release of insulin from the pancreas, an effect dependent upon functioning beta cells in the pancreatic islets.**

**87. C.N.S symptoms with treatment of type II diabetes, most likely due to:**

a) Sulfonylurea
b) **Bigunidines**

**88. Patient has DM and renal impairment at what time did he starts to have diabetic nephropathy.. There is curve for albumin shown**:

a) 5 y
b) 10 y
c) 20 y
d) 25 y

- **The answer depends on the curve that is displayed; the point of time at which the patient develops microalbuminuria (30 – 300 mg/day) is the answer.**
- **Diabetic nephropathy is categorized into stages: microalbuminuria (UAE >20 µg/min and ≤199 µg/min) and macroalbuminuria (UAE ≥200 µg/min).**

**89. All the followings favor DKA over AKA except:**

a) Higher BS
b) Lower HCO3+
c) **Higher K+**
d) Lower AG
e) Lower PH

- **They have similar lab values with the main difference in glucose level that is very high in DKA and low or normal in AKA. Other parameters differ according to severity of each.**

**90. A case of hypothyroidism on thyroxin, , TSH high, what you will do:**

a) Continue the dose of thyroxin and follow after 3m
b) **Reduce dose**
c) Stop ttt till TSH level be normal

**91. hyperglycemia in DM. somogi and down phenomenon:**

- **The dawn phenomenon**: Early morning hyperglycemia due to increase secretion of GH. Increasing the dose of the night insulin treats it.
- **Treatment:**
  1) Increase evening physical activity
  2) Increase amount of protein to carbohydrates in the last meal of the day
  3) Eat breakfast even though the dawn phenomenon is presented
  4) Individual diet modification only if HbA1c is lower than 7%
  5) Antidiabetic oral agent therapy only if HbA1c is lower than 7%
  6) Use an insulin pump
  7) Long-acting insulin analogues like glargine instead of NPH insulin
- **The Somogyi effect:** rebound hyperglycemia from late night or early morning hypoglycemia. Decreasing the dose of the night insulin treats it
- **Treatment:**
  1) Modify insulin dosage, Use an insulin pump
  2) Long-acting insulin analogues like glargine instead of NPH insulin
  3) More protein than carbohydrates in the last meal of the day
  4) Go to bed with higher level of plasma glucose than usual
  - **Brittle diabetes:** A diabetic child with wide fluctuation in the glucose level & repeated attacks of DKA.
  - **Honeymoon period:** After the diagnosis of DM marked reduction in the insulin dose. It is due increase in the endogenous secretion of insulin by recently reactivated B-cell of the pancreas

**92. Regarding hypokalaemia except:**
a) ST depression
b) Prevented with digitalis use
c) **Occur in non ketotic diabetic hyperosmolar**

**93. Patient with hypothyroidism in thyroxin have increase PTH, decrease CA, normal Vit d, Cr Very high , Came with tapping of the angle of jaw will produce facial spasms (Chvostek's sign) the diagnosis :**
a) Digeorge syndrome
b) Pseudohypoparathyroidism
c) **Chronic renal failure**
d) Uncontrolled thyroid

**94. In a diabetic patient what is the Target glycosylated haemoglobin is: (the standard 5.5 -6)**
a) 3-4
b) 4-5
c) 5-6
d) **6-7**

**95. Diabetes type 1 is best maintained by:**
a) Long acting insulin
b) **Short acting inulin**

- **Diabetes type 1 maintained by diet and physical activity.**

**96. Old patient came complaining of recently felt palpitations. TFT showed high T4 , T3 and low TSH Dx**
a) **Thyrotoxicosis**
b) Primary hypothyroidism
c) Isolated low T3

**97. Obese patient recently diagnosed to have DM II. He is following a diabetic diet regimen and he exercises regularly. When he came to you in the next visit... His blood sugar was high and he gained 5 kgs... He was also complaining of thirst and hunger, what would you give him:**
a) Long-acting insulin
b) **Metformin**
c) Short-acting insulin
d) Sulfonylurea

**98. Patient with DM II and wear glasses , When he should follow for eye complication:**
a) 6 months
b) **12 months**
c) 5 years

**99. a hypertensive patient came with fatigue and weakness. He also mentions drinking a lot of water and passing a large amount of urine. His bp 180/100, Renin was low , serum potassium was low, mild decrease in NA level, what is the most likely cause for his symptoms:**
a) **conn's syndrome**
b) Addison’s disease
c) DI

CHAPTER 1

# Internal Medicine
# Nephrology

H
Section

**1. 62 years old male with DVT and IVC obstruction due to thrombosis so most like diagnosis is**

a) **Nephrotic syndrome**
b) SLE
c) Chirstm disease

**2. Patient with abdominal pain haematuria, HTN and have abnormality in chromosome 16, diagnosis is**

a) **Polycystic kidney**

**3. Long scenario about patient with polydipsia ad polyuria. Serum osmolarity high. desmopressin induction no change urine osmolarity and plasma osmolarity so dd is**

a) **Nephrognic type DI**
b) central type DI

- **Desmopressin acetate**→ synthetic analog of ADH, can be used to distinguish central from nephrogenic DI.
- **Central DI**: DDAVP challenges will ↓ urine output and ↑ urine osmolarity.
- **Nephrogenic DI**: DDAVP challenge will not significantly ↓ urine output.
- **Treatment**:
  - Central DI: Administer DDAVP.
  - Nephrogenic DI: Salt restriction and water intake

**4. Female presented with thirst and polyuria, all medical history is negative and she is not known to have medical issues, she gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN is normal. What is the cause of her presentation?**

a) **Adverse effect of lithium**
b) Nephrogenic DI
c) Central DI

**5. Adenosine dose should be reduced in which of the following cases :**

a) **Chronic renal failure.**
b) Patients on thiophyline.

**6. Adult polycystic kidney disease is inherited as:**

a) **Autosomal dominant**
b) Autosomal recessive
c) X linked

**7. IVP study done for a male & showed a filling defect in the renal pelvis non-radio opaque. U/S shows echogenic structure & hyperacustic shadow. The most likely diagnosis is:**

a) Blood clot
b) Tumor
c) **Uric acid stone**

- **Stones cause hyperacustic shadows.**
- **All types of renal calculi are radiopaque except urate stones (5% of all stones)**

**8. Patient came with HTN, KUB shows small left kidney, arteriography shows renal artery stenosis, what is the next investigation?**

a) Renal biopsy
b) **Renal CT scan**
c) Renal barium
d) Retrograde pyelography

**9. Best way to diagnose post streptococcus Glomerulonephritis (spot diagnosis):**

a) **Low C3**
b) RBC casts

**10. Female patient did urine analysis shows epithelial cells in urine, it comes from:**

a) **Vulva**
b) Cervix
c) Urethra
d) Ureter

**11. Female with history of left flank pain radiating to groin, symptoms of UTI, what is diagnosis?**

a) Appendicitis
b) Diverticulitis
c) **Renal colic**

**12. Pre-Renal Failure:**

a) Casts
b) Urine Osm < 400
c) **Urine Na < 20 mmol/L**
d) Decreased water excretion
e) Hematuria

- **Casts** are seen in interstitial nephritis & glomerulonephritis which are intrinsic renal failure
- **Urine osm**<400 in intrinsic renal failure but >500 in pre-renal failure
- **Urine Na**<200 mmol/L is in pre-renal failure if >200 it is intrinsic renal failure
- **Decreased water excretion** in all types of renal failure
- **Haematuria**→in intrinsic & post renal failure

**13. Patient with history of severe hypertension, normal creatinine, 4g protein 24 hrs. Right kidney 16cm & left kidney 7cm with suggesting of left renal artery stenosis. Next investigation:**

a) **Bilateral renal angiography**
b) Right percutaneous biopsy
c) Left percutaneous biopsy
d) Right open surgical biopsy
e) Bilateral renal vein determination

- **Renal angiography is the gold standard but done after CT/MRI as it is invasive**

**14. All of them are renal complications of NSAIDs except:**

a) Acute renal failure
b) Tubular acidosis
c) Interstitial nephritis
d) **Upper GI bleeding**

- **All are complications of NSAIDs but upper GI bleeding is not renal complication!**

**15. Patient has bilateral abdominal masses with hematuria, what is the most likely diagnosis?**

a) Hypernephroma
b) **Polycystic kidney disease**

**16. Acute Glomerulonephritis, all are acceptable Investigations except:**
a) Complement
b) Urinanalysis
c) ANA
d) Blood culture
e) Cystoscopy

**17. 20 years old female present with fever, loin pain & dysuria, management include all of the following except:**
a) Urinanalysis and urine culture
b) Blood culture
c) IVU (IVP)
d) Cotrimexazole

- **We suspect pyelonephritis. So, treatment includes admission, antibiotic & re-hydration.**

**18. Urine analysis will show all EXCEPT:**
a) Handling phosphate.
b) Specific gravity.
c) Concentrating capacity.
d) Protein in urine.

**19. In acute renal failure, all is true EXCEPT:**
a) Phosphatemia.
b) Uremia.
c) Acid phosphate increases.
d) K+ increases.

**20. Old patient, bedridden with bacteremia "organism is enterococcus fecalis", what the source of infection?**
a) UTI
b) GIT

**21. A 56 years old his CBC showed, Hb=11, MCV= 93, Reticulocyte= 0.25% the cause is:**
a) Chronic renal failure
b) Liver disease
c) Sickle cell anemia
d) G6P dehydrogenase deficiency

**22. 30 years old with repeated UTIs, which of the following is a way to prevent her condition?**
a) Drink a lot of fluid
b) Do daily exercise

**23. 65 years old presented with acute hematuria with passage of clots and left loin and scrotal pain. the Dx**
a) Prostatitis
b) Cystitis
c) Testicular cancer
d) Renal cancer

**24. Patient has saddle nose deformity, complaining of SOB, haemoptysis and haematuria. most likely diagnosis is:**
a) Wagner's granulomatosis

**25. Old patient complain of urinary incontinence. Occur at morning and at night without feeling of urgency or desire of micturition, without exposure to any stress, what is the diagnosis?**

a) Urgency incontinence
b) Urge incontinence
c) Stress incontinence
d) **Over Flow incontinence**

**26. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:**

a) Colon
b) **Bladder**
c) Liver

**27. The most common cause of secondary hypertension is:**

a) **Renal artery stenosis**
b) Adrenal hyperplasia
c) Pheochromocytoma
d) Cushing's disease

**28. The most common cause of chronic renal failure:**

a) HTN
b) **DM**
c) Hypertensive renal disease
d) Parenchymal renal disease
e) Acute glomerulonephritis

**29. Male patient present with prostatitis (prostatitis was not mentioned in the question), culture showed gram negative rodes. The drug of choice is:**

a) **Ciprofloxacin "Floqinolon"**
b) Ceftriaxone
c) Erythromycin
d) Trimethoprime
e) Gentamicin

**30. Patient complaining of left flank pain radiating to the groin, dysuria and no fever. The diagnosis is:**

a) Pyelonephritis
b) Cystitis
c) **Renal calculi**

**31. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:**

a) **Hydrocele**
b) Inguinal hernia
c) Epidydimitis

**32. Uncomplicated UTI treatment:**

a) **TMP-SMX for 3 days**
b) Ciprofloxacin 5 days

**33. A 29 years old man complaining of dysuria. He was diagnosed as a case of acute prostatitis. Microscopic examination showed gram negative rods which grow on agar yeast. The organism is:**

a) Chlamydia.
b) **Legionella**
c) Mycoplasma

**34. Patient with renal transplant, he developed rejection one week post transplantation, what could be the initial presentation of rejection?**

a) Hypercoagulability
b) Increase urine out put
c) **Fever**
d) Anemia

**35. Patient with hematuria and diagnosed with bladder cancer. What's the likely causative agent?**

a) **Schistosoma haematobium**

**36. Most common manifestation of renal cell carcinoma is:**

a) **Haematuria**
b) Palpable mass
c) HTN

**37. Patient with excessive water drinking and frequent urinate, FBS 6.8 diagnosis up to now:**

a) Normal blood sugar
b) **IFG**
c) DM 2
d) D. insepidus

**38. Patient with DKA the pH=7.2, HCO3=5, K=3.4 the treatment:**

a) Insulin 10 U
b) 2 L NS
c) **2 L NS with insulin infusion 0.1 U/kg/hr**

**39. 6 years old presented with cola colored urine with nephritic symptoms the First test you would like to do:**

a) Renal function test
b) **Urine microscopic sedimentation**
c) Renal ultrasound

**40. Young adult presented with painless penile ulcer rolled edges, what next to do?**

a) CBC
b) **Darkfeild microscopy**
c) Culturing

**41. Diabetic female her 24h-urine protein is 150mg**

a) start on ACEIs
b) refer to nephrologist
c) **Do nothing , this is normal range**

- **normal range < 300mg**

**42. Patient with flank pain, fever ,vomiting, treatment is**

a) **Hospitalization and intravenous antibiotics and fluid**

- **This is most likely a case of pyelonephritis which need urgent hospitalization**

**43. Elderly patient complaining of urination during night and describe when he feel the bladder is full and need to wake up to urinate, he suddenly urinate on the bed this is:**
a) Urgency incontinence
b) **Urge incontinence**
c) Stress incontinence
d) Flow incontinence

**44. The best test for renal stones:**
a) **CT without contrast**

**45. 70 years old male patient with mild urinary dripping and hesitancy, your diahnosis is mild BPH. What is your next step in management?**
a) transurethral retrograde prostatectomy
b) **Start on medication**
c) open prostatectomy

**46. Patient with dysuria, frequency and urgency but no flank pain, what is the treatment?**
a) **Ciprofloxacin po once daily for 3-5 days**
b) Norfocin PO OD for 7 – 14 days

**47. UTI >14 day, most probably cause pyelonephritis**
a) 0,05%
b) 0,5%
c) 5%
d) **50%**

**48. Man have long history of urethral stricture present with tender right testis & WBC in urine so diagnosis is**
a) **Epididymo-orchitis**
b) Testicular torsion
c) varicocele

**49. None opaque renal pelvis filling defect seen with IVP, US revels dense echoes & acoustic shadowing,what is the most likely diagnosis?**
a) Blood clot
b) Tumor
c) Sloughed renal papilla
d) **Uric acid stone**
e) Crossing vessels

- **Radiopaque: calcium oxalate, cystine, calcium phosphate, magnesium-ammonium-phosphate**
- **Radiolucent: uric acid, blood clots, sloughed papillae**

**50. an opaque renal pelvis filling defect seen with IVP, US revels dense echoes & acoustic shadowing , The MOST likely diagnosis:**
a) Blood clot
b) **Tumor**
c) Sloughed renal papilla
d) Uric acid stone
e) Crossing vessels

**51. Complication of the rapid correction of hypernatremia:**

a) **Brain edema**

**52. Epididymitis one is true :**

a) The peak age between 12-18 years
b) U/S is diagnostic
c) Scrotal content within normal size
d) Typical iliac fossa pain
e) **None of the above**

- **Disease of adults, most commonly affecting males aged 19-40 year**
- **Doppler ultrasound to rule out testicular torsion hypoechoic region may be visible on the affected side as well as increased blood flow or scrotalabscess**
- **Erythematous edematous scrotum**
- **It is mostly "5" none of the above**

**53. The most important diagnostic test for Previous Q is :**

a) **Microscopic RBC**
b) Macroscopic RBC
c) RBC cast.

**54. 17 year old male presented to you with history of abdominal pain and cramps in his leg he vomited twice, his past medical history was unremarkable. On examination he looks dehydrated with dry mucous membranes, His investigation: Na: 155 mmol/l, K: 5.6 mmol/l , Glucose; 23.4 mmol/l, HCO3: 13, Best tool to diagnose this condition is:**

a) Plain X-ray
b) Ultrasound
c) Gastroscopy
d) **Urine analysis (Dipstick analysis)**

**55. Patient come abdominal pain and tender abdomen with hypernatremia and hyperkalemia and vomiting and diarrhea, what is the next investigation:**

a) **Urine analysis**

**56. Patient present with URTI, after 1 week the patient present to have hematuria and edema, what is most probably diagnosis?**

a) IgA nephropathy
b) **Post streptococcus GN**

**57. Most common cause of ESRD:**

a) HTN
b) **DM**

- **Causes of End-stage renal disease includes :**
  1) **Kidney disease – obviously ESRD starts as early kidney disease .**
  2) **Diabetic nephropathy - 43.2% of kidney failure is due to diabetes**
  3) **Chronic kidney failure -ESRD is by definition the last state of chronic kidney failure**
  4) **Hypertension - 23% of cases**
  5) **Glomerulonephritis - 12.3% of cases**
  6) **Polycystic kidney disease - 2.9% of cases**

**58. BPH all true except :**
a) **Prostatitis**
b) Noctouria
c) Hematuria
d) Urine retention
e) Diminished size &strength of stream

- **BPH Symptoms :**
  - **Waking at night to urinate**
  - **Sudden and strong urge to urinate**
  - **A frequent need to go, sometimes every 2 hours or less**
  - **Pushing or straining to begin**
  - **A weak stream Dribbling after finishing**
  - **Feeling the bladder has not completely emptied after finishing**
  - **Pain or burning while urinating**

**59. The most accurate to diagnose acute Glomerulonephritis is:**
a) **RBC cast in urine analysis**
b) WBC cast in urine analysis
c) Creatinine level increase
d) Shrunken kidney in US
e) Low Hgb but normal indices

**60. 75 years old man came to ER complaining of acute urinary retention. What will be your initial management:**
a) Send patient immediately to OR for prostatectomy
b) **Empty urinary bladder by Folley's catheter and tell him to come back to the clinic**
c) Give him antibiotics because retention could be from some sort of infection
d) Insert Foley's catheter and tell him to come to clinic later
e) Admission, investigations which include cystoscopy

**61. Regarding group A strept pharyngitis what is true**
a) **Early treatment decrease incidence of post strept GN**

**62. The investigation of high sensitivity and specificity of urolithiasis :**
a) IVP
b) **X-RAY abdomen after CT scan**
c) US
d) MRI
e) Nuclear scan.

**63. Patient with PID there is lower abdominal tenderness, on pelvic exam there is small mass in..... Ligament, what is the treatment?**
a) **Colpotomy**
b) Laparotomy
c) laparoscopy

**64. Young male patient with dysuria fever and leukocytosis, PR indicate soft boggy tender prostate, Dx :**
a) **Acute prostatitis**
b) Chronic Prostatitis
c) Prostatic CA

**65. 60 years old male known to have (BPH) digital rectal examination shows soft prostate with multiple nodularity & no hard masses, the patient request for (PSA) for screening for prostatic cancer what will you do?**

a) Sit with the patient to discuss the cons &pros in PSA test
b) Do trans-rectal US because it is better than PSA in detection
c) Do multiple biopsies for different sites to detect prostatic ca

**66. The most likely cause of gross hematuria in a 35 years old man is :**

a) Cystitis
b) Ureteral calculi
c) Renal carcinoma
d) Prostatic carcinoma
e) Bladder carcinoma

**67. Concerning urinary calculi, which one of the following is true?**

a) 50% are radiopaque
b) 75% are calcium oxalate stones
c) An etiologic factor can be defined in 80% of cases
d) A 4-mm stone will pass 50% of the time
e) Staghorrn calculi are usually symptomatic

- **Urinary calculi are often idiopathic, 90% are radiopaque and 75% are calcium oxalate stones.**

**68. Benign prostatic hypertrophy:**

a) TRUSS is better than PSA
b) No role in PSA
c) PSA role
d) Biopsy

**69. An 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable diagnosis?**

a) Stricture of the urethra
b) Urinary bladder tumor
c) BPH
d) Pelvic CA
e) Renal stone

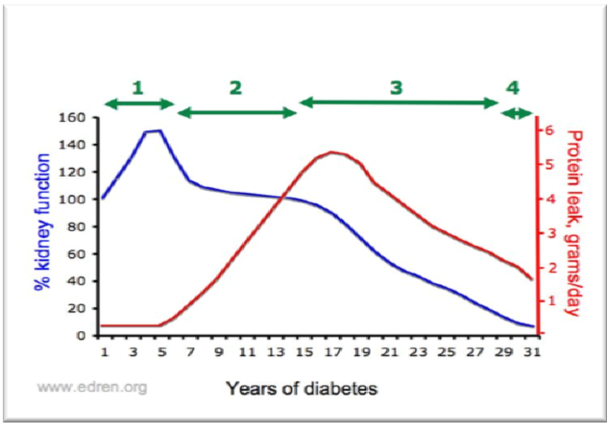
**70. The best investigation for kidney function :**

a) 24 h collect urine
b) Creatinine clearance

**71. Patient have DM and renal impairment when he had diabetic nephropathy: there is curve for albumin**

a) 5 years
b) 10 years
c) 20 years
d) 25 years

- **Microalbuminuria generally precedes overt proteinuria by 5-10 years. Once proteinuria is detected, renal function gradually deteriorates over 10-15 years**



**72. Benign prostatic hyperplasia , all are true EXCEPT:**

a) **Parotitis**
b) Nocturia
c) diminished size and strength of stream
d) hematuria
e) urine retention

**73. In Testicular torsion, all of the following are true, except**

a) Very tender and progressive swelling.
b) More common in young males.
c) **There is hematuria**
d) Treatment is surgical.
e) Has to be restored within 12 hours or the testis will infarct.

**74. 50 years old patient complaining of episodes of erectile dysfunction, history of stress attacks and he is now in stress what you will do?**

a) **Follow relaxation strategy**
b) Viagra
c) Ask for investigation include testosterone

**75. Premature-ejaculation, all true except:**

a) Most common sexual disorder in males
b) **uncommon in young men**
c) Benefits from sexual therapy involving both partners
d) It benefit from anxiety Rx

- **Premature ejaculation (PE) is the most common sexual dysfunction in men younger than 40 years.**

**76.** Refer for surgical prostatectomy **Best laboratory finding in urinalysis for active glomerulonephritis is :**

a) High creatinine
b) **RBC cast**
c) WBC cast

**77. Pyelonephritis :**

a) Discharge on oral antibiotic
b) **Admission + fluid + antibiotic**

**78. 10 years old boy woke up at night with lower abdominal pain, important area to check:**

a) kidney
b) lumbar
c) rectum
d) **Testis**

**79. Patient present with testicular pain, O/E: bag of worms, what is the diagnosis?**

a) **Varicocele**

**80. Old man presented with tender and enlarged prostate and full bladder. Investigations show hydronephrosis. What is the likely diagnosis?**

a) Acute Renal Failure
b) Bladder Cancer
c) **BPH**

**81. A patient with gross hematuria after blunt abdominal trauma has a normal-appearing cystogram after the intravesical instillation of 400 ml of contrast. You should next order:**

a) A retrograde urethrogram.
b) **An intravenous pyelogram.**
c) A cystogram obtained after filling, until a detrusor response occurs.
d) A voiding cystourethrogram.
e) A plain film of the abdomen after the bladder is drained.

**82. Patient will do cystoscope suffer from left hypocondrial pain**

a) Refer to vascular surgery
b) **Refer to urologist**

**83. Old patient complaining of hematuria, on investigation, patient has bladder calculi, most common causative organism is:**

a) **Schistosoma**
b) CMV

**84. Old man with urinary incontinence, palpable bladder after voiding, urgency & sense of incomplete voiding dx;**

a) Stress incontinence
b) Overflow incontinence
c) Reflex incontinence
d) **Urge incontinence**

**85. Young male with 3 day of dysuria, anal pain , O/E per rectum boggy mass :**

a) **Acute prostatitis**

**86. Radiosensitive testicular cancer:**

a) Yolk sac
b) **Seminoma**
c) Choriocarcinoma.

**87. DM HTN patient with MI receiving metformin and diltiazem and other medication his creatine clearance is high, you will do:**

a) add ACE inhibitor
b) **remove metformin (contraindicated in renal failure)**
c) continue same medication

**88. Old patient with diarrhea dehydration corrected with 3 liters of D5, later he became confused with headache. Most probable cause:**

a) **Hyponatremia**
b) Hypernatremia
c) Hypokalemia
d) Hyperkalemia

**89. The best test for renal stones:**

a) **CT without contrast**

**90. Old lady healthy with signs of UTI she took a lot of medication but no improvement on exam mild bladder tenderness everything else is normal?**

a) Diabetic nephropathy
b) **Interstitial nephropathy**

**91. Old lady with signs of UTI medication didn`t work with her after exam there is mass?**

a) **Colpoctomy**

**92. Patient is pale, diaphoretic has left flank pain and vomiting, his abnormal labs are low K 2.3, high CL 114, low HCO3 15, urea n, Na n, urine PH 6.5**

a) **metabolic acid**
b) metabolic alkalosis
c) respiratory alkalosis
d) respiratory acidosis

- **Explanation:**
**Renal tubular acidosis (RTA) is composed of a group of disorders characterized by an inability of the kidney to resorb bicarbonate/secrete hydrogen ions, resulting in hyperchloremic, normal anion gap metabolic acidosis. Renal function (glomerular filtration rate [GFR]) must be normal or near normal**

**93. All the following cause hyponatremia except:**

a) DKA
b) **Diabetes insipidus "causes Hypernatremia due to huge loss of water in the form of diluted urine"**
c) High vasopressin level
d) Heart failure

**94. Patient with HTN presented with edema, azotemia, GFR: 44 (not sure about - 5) what is the cause of her Kidney disease?**

a) **bilateral renal artery stenosis**
b) diabetic nephropathy
c) Reflux..
d) Renal tubular acidosis

**95. Uric acid in body how the body removed by**

a) increase metabolism of uric acid in liver
b) **increase execration of uric acid in urine**
c) execration of uric acid by lung

**96. All the following are side effect of thiazide diuretics except:**

a) Has diabetogenic effect
b) **Cause hypocalemia**
c) cause hypomagnesimia
d) Flat curve response
e) cause Hypokalemia
f) It causes Hypercalcemia

**97. When lactic acid accumulates, body will respond by:**

a) Decrease production of bicarbonate
b) **Excrete CO2 from the lungs**
c) Excrete Chloride from the kidneys
d) Metabolize lactic acid in the liver

- **Explanation: if lactic acid accumulate → metabolic acidosis, the body compensate to some extent by hyperventilation, via medullary chemoreceptor, leading to ↑ removal of CO2 in the lung**

**98. Old age man, feel that the voiding is not complete and extreme of urine not strong and by examination there is moderate BPH and PSA = 1ng/ ml what you will do?**

a) Surgery

**99. Old patient has loin pain with high serum urea and creatinine, U/S showed bilateral hydronephrosis, what is the most common cause?**

a) Ureteral stricture
b) Retroperitoneal fibrosis
c) Bladder neoplasm
d) Prostate cancer

**100. Patient with hypertension, renography shows right kidney 14 cm left kidney 7 cm.. Arteriogram shows renal artery stenosis in left. What to do next??**

a) arteriogram
b) renogram
c) CT scan
d) Biopsy

**101. What is the best investigation regarding renal function:**

a) Serum creatinine level
b) Insulin Level

**102. Patient has frequent urgency to urinate at night time and when she wakes up to go to WC she found herself wet. What does she have?**

a) Urge incontinence
b) stress incontinence
c) Overflow incontinence.

**103. Female with dysuria, urgency and small amount of urine passed .she received several courses of AB over the last months but no improvement, all investigations done urine analysis and culture with CBC are normal, you should consider:**

a) Interstitial cystitis
b) DM
c) Cervical erosion
d) Candida albicans

**104. US showed enlarged both kidneys with multiple sized spaces & patient has trisomy of chromosome 16**

a) Polycystic kidney disease

**105. Old patient with dehydration corrected with 3 liters of D5, later he became confused with headache. Most probable cause:**

a) Hyponatremia
b) Hypernatremia
c) Hypokalemia
d) Hyperkalemia

CHAPTER 1

# Internal Medicine Miscellaneous

Section I

1. **All of the following are side effects of furosemide except:**
   a) **Hyperkalemia**
   b) Hypoglycemia
   c) Bronchospasm
   d) Haemolytic anemia
   e) Pre-renal azotemia

- **Side effects of furosemide are hypotension, Hypokalemia, hyperglycemia, hemolytic anemia.**

2. **Patient with right arm tenderness with red streak line, the axillary lymph node is palpable :**
   a) Cellulitis
   b) Carcinoma
   c) **Lymphangitis**

- **Lymphangitis is an inflammation of the lymphatic channels. Most common cause is S. pyogenes.**

3. **Patient just received organ transplantation what is the sign of acute rejection:**
   a) **Fever**
   b) Hypotension

4. **Sodium amount in Normal Saline [ 0.9% NaCl ] :**
   a) 75 mmol
   b) 90 mmol
   c) **154 mmol**
   d) 200 mmol

- **Half NS [ 0.45% NaCl ] has 77 mmol , Quarter NS [ 0.22% NaCl ] has 39 mmol**

5. **Young, drug abuser, asymptomatic. What to investigate:**
   a) **HIV, HBV, St. viredans**

6. **In aspirin overdose :**
   a) **Liver enzyme will peak within 3-4 hr**
   b) first signs include peripheral neuropathy and loss of reflexes
   c) 150 mg/kg of aspirin will not result in aspirin toxicity

- **The early signs and symptoms of aspirin overdose include impaired hearing and ringing in the ears. Other early signs of aspirin poisoning include lightheadedness, breathing rapidly, double vision, vomiting, fever and dehydration**
- **The acutely toxic dose of aspirin is generally considered greater than 150 mg per kg of body mass. Moderate toxicity occurs at doses up to 300 mg/kg, severe toxicity occurs between 300 - 500 mg/kg**

7. **Man who is having severe vomiting and diarrhea and now developed leg cramps after receiving 3 liters of dextrose, he is having:**
   a) **Hypokalemia**
   b) hyponatremia
   c) hyperkalemia
   d) hypernatremia

- **$K^+$ is secreted in stool, as he is having a diarrhea he will lose a huge amount of $K^+$, also muscle cramp is a symptom of Hypokalemia**

8. **In IV cannula and fluid:**
   a) **Site of entry of cannula is a common site of infection**

9. **Patient come to ER with constricted pupil and respiratory compromise you will suspect:**
   a) **Opiates "like morphine"**
   b) Cocaine
   c) Ectasy

- **Certain drugs cause constriction of the pupils, such as alcohol and opioids**
- **Other drugs, such as atropine, mescaline, psilocybin mushrooms, cocaine and amphetamines may cause pupil dilation**

10. **The best to give for DVT patients initially which is cost effective:**
   a) **Low Molecular Weight Heparin "Enoxaparin"**
   b) Unfractioned Heparin
   c) Heparin
   d) Warfarin

11. **Organophosphorus poisoning, what is the antidote:**
   a) **Atropine**
   b) Physostigmine
   c) Neostigmine
   d) Pilocarpine
   e) Endrophonium

12. **Patient using haloperidol, developed rigidity (dystonia) treatment :**
   a) **Antihistamine and anticholinergic**

- **Haloperidol is a dopamine antagonist used in psychosis**
- **Side effects : Extrapyramidal side effects, Dystonia, Tremors, Dry mouth, Depression**

13. **What is most sensitive indicator for factitious fever:**
   a) **Pulse rate**

- **Factitious fever: Fever produced artificially by a patient. This is done by artificially heating the thermometer or by self-administered pyrogenic substances. An artificial fever may be suspected if the pulse rate is much less than expected for the degree of fever noted. This diagnosis should be considered in all patients in whom there is no other plausible explanation for the fever. Patients who pretend to have fevers may have serious psychiatric problems.**

14. **All of the following tests are necessary to be done before initiating lithium except:**
   a) **Liver function tests**

- **Renal function and thyroid function tests must be done before initiating Lithium**

15. **Patient complaining of hypotension & bradycardia. Electrolytes show: ↓Na, ↑K, ↑Cl, ↑Urea. So the cause is:**
   a) **Hyponatremia**
   b) hyperkalemia
   c) hyperchloremia
   d) uremia

**16. Besides IV fluids, what is the most important drug to be given in anaphylaxis:**

a) **Epinephrine**
b) Steroids

**17. Management of anaphylactic shock all of the following, EXCEPT :**

a) IVF
b) 100% O2
c) **Corticosteroid**

- **Management of anaphylaxis is summarized by:- Epinephrine + Diphenhydramine, then oxygen + IV fluids**

**18. Patient developed lightheadedness and SOB after bee sting. You should treat him with the following:**

a) **Epinephrine injection, antihistamine and IV fluid**
b) Antihistamine alone

**19. In a patient with anaphylactic shock, all are correct treatments EXCEPT:**

a) Epinephrine.
b) **Hydralazine**
c) Adrenaline.
d) Aminophylline.

**20. Burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:**

a) Leukocytosis
b) **Neutropenia**
c) Electrolyte disbalance
d) Hypokalemia

**21. The most important factor in the development of spinal headaches after spinal anesthesia is :**

a) the level of the anesthesia
b) **The gauge of the needle used**
c) the closing pressure after the injection of tetracaine
d) its occurrence in the elderly
e) the selection of male patients

- **When epidural anesthetics are placed with a larger needle than that used for spinal anesthetics, the likelihood of headache is higher**

**22. The most common complication of mumps in Adults :**

a) Labyrinthitis
b) **Orchitis**
c) Meningitis
d) Encephalitis

- **In children the most common complication is Meningitis**
  - Labyrinthitis → (0.005% of cases)
  - Orchitis → (30% of cases)
  - Meningitis → (10% of cases)
  - Encephalitis → (less than 1% of cases)

**23. Patient alcohol drinker complains of headache, dilated pupil, hyperactivity, agitation. he had history of alcohol withdrawal last week so treatment is :**

a) **Diazepam “Valium”**
b) naxtrol
c) haloperidol

- **Diazepam is a Benzodiazepine**

**24. Patient present with high blood pressure (systolic 200),tachycardia, Mydriasis “Dilated pupils”, sweating what is the toxicity:**

a) Antichlenergic
b) **Sympathomimetic drug**
c) Tricyclic antidepressant
d) Organophosphorous compounds

- **Sympathomimetic drugs mimic the action of sympathetic nervous system**
- **Examples:**
  - Cocaine
  - Ephedrine
  - Amphetamine
  - Epinephrine (Adrenaline)
  - Dopamine

**25. Clonidine [α2-agonist] decrease the effect of :**

a) benzotropin
b) **levo dopa**
c) rubstin
d) Amitriptyline

- **Clonidine & Amitriptyline combination may cause Potentially life-threatening elevations in blood pressure, so I don't know if it decreases its effect or increase**
- **Withdrawal phenomenon may be increased by discontinuation of beta blockers.**
- **Epidural clonidine prolongs the effects of epidurally administered local anesthetics.**
- **May decrease effectiveness of levodopa**.
- **Increased risk of adverse cardiovascular reactions with verapamil.**

**26. Normal daily caloric intake is :**

a) 0.3 kcal/kg
b) 1.3 kcal/kg
c) 2.0 kcal/kg
d) 3.5 kcal/kg
e) **35 kcal/kg**

- **Normal daily caloric requirement is 20-40 kCal/kg, and 0.2 g nitrogen/kg.**

**27. What is the ratio of ventilation to chest compression in a one person CPR:**

a) **2 ventilation & 15 compression at rate of 80-100/min**
b) 1 ventilation & 15 compression at rate of 80-100/min
c) 2 ventilation & 7 compression at rate of 80-100/min
d) 1 ventilation & 7 compression at rate of 80-100/min
e) 3 ventilation & 15 compression at rate of 80-100/min

**28. Which of the following would most likely indicate a hemolytic transfusion reaction in an anesthetized patient**

a) Shaking chills and muscle spasm
b) Fever and oliguria
c) Heperpyrexia and hypotension
d) Tachycardia and cyanosis
e) **Bleeding and hypotension**

- **It commonly presents with fever and chills but patients under general anesthesia present with bleeding and hypotension**

**29. Gingivitis most likely cause:**

a) HSV
b) **Answer is not mentioned**

- **Explanation: The most common cause of gingivitis is poor oral hygiene that encourages plaque to form**

**30. Which of the following combination is safe:**

a) **alcohol and metronidazole**
b) Digoxin and amiodarone
c) Warfarin and propranolol
d) Furosemide and gentamicin

- **All have interactions "But Alcohol & Metronidazole is controversial"**

**31. All of the following cause photosensitivity except:**

a) **Lithium**
b) Propranolol
c) Tetracycline
d) Chloropromazine
e) Chloropropamide

**32. Aluminum hydroxide & magnesium hydroxide inhibits the intestinal absorption of which drug:**

a) **Tetracycline**
b) Folic acid

**33. What is the osmolarity of NACL:**

a) **155 mmol**

- **Because if we multiply 155 by 2 = 310**

**34. Female patient had carpopedal spasm after measuring her BP. This is caused by:**

a) **Hypocalcemia**

**35. antidote of acetaminophen:**

a) **acetylcysteine**

**36. All in hypokalemia except:**

a) Hyperosmolar coma
b) **Phenytoin toxicity**
c) Musle paralysis

**37. One of the following combination of drugs should be avoided**

a) Cephaloridine and paracetamol
b) Penicillin and probenecid
c) Digoxin and levadopa
d) Sulphamethomazole and trimethoprim
e) **Tetracycline and aluminium hydroxide**

- **Administration of a tetracycline with aluminum, calcium, or magnesium salts significantly decreases tetracycline serum concentrations.**
- **Digoxin should be avoided from quinidine, amiodarone and verapamil.**

**38. Side effect of steroid all except:**

a) **Pelvic muscle myopathy**

- **Steroids side effects :**

I. **Major**: Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Weight gain, Depression, mania, psychosis or other psychiatric symptoms, Facial swelling, Unusual fatigue or weakness, Mental confusion / indecisiveness, Blurred vision, Abdominal pain, Peptic ulcer, Infections, Painful hips or shoulders, Steroid-induced osteoporosis, Stretch marks, Osteonecrosis, Long-term migraines, Insomnia, Severe joint pain, Cataracts or glaucoma, Anxiety, Black stool, Stomach pain or bloating, Severe swelling, Mouth sores or dry mouth & Avascular necrosis
II. **Minor:** Acne, Rash, Increased appetite, Frequent urination, Diarrhea, Removes intestinal flora & Leg pain/cramps

**39. 43 years old man is brought to the emergency department after a motor vehicle accident involving a head-on collision. He mentioned that he is having headache and dizziness. During his overnight admission for observation, he developed polyuria and his serum sodium level rises to 151 meq/L. All of the following tests are indicated EXCEPT:**

a) Overnight dehydration test.
b) Measurement of response to desmopressin
c) MRI scan of the head
d) **Measurement of morning cortisol level**
e) Measurement of plasma and urine osmolality.

- **Explanation: ADH reabsorbs water from the kidneys back to the body. So when absent or not working such as in diabetes insipidus, water is not reabsorbed so a sodium concentration in the body is high (hypernatremia) while the concentration in urine is low due to the large amounts of non-reabsorbed water in it. Likewise, the serum osmolality is high while urine osmolality is low. The opisite is found in cases of syndrome of inappropriate ADH secretion (SIADH), which is a diagnosis of exclusion where you have to exclude hypothyroidism and adrenal insufficiency. Head trauma is a well-known cause of both. In DI serum and plasma osmolality are essential, water deprivation test and response to desmopressin differentiate it from other differentials. MRI of the brain would show any damage or cut to pituitary stalck which causes interference with the delivery of ADH which in turn leads to DI in head trauma. Morning cortisone level is useless and not done**

**40. drug binds to the bile and prevent its reabsorption:**

a) **Cholystramine**

**41. An old man undergoing brain surgery and on aspirin. He needs prior to surgery:**
a) vitamin K Parenterally
b) vitamin K orally
c) delay surgery for 2 days
d) **Delay surgery for 2 weeks**

**42. All cause recent loss of weight , except:**
a) AIDS
b) Cancer
c) **Nephritic syndrome**
d) Kwashiorkor

- **Explanation: Nephritic syndrome cause increase in weight due to fluid retention.**

**43. Blood pH:**
a) High after diarrhea
b) Low after vomiting
c) More in right atrium than Lt atrium
d) **Lower in right atrium than left ventricle**
e) Lower in renal vein than renal artery

- **Explanation:**
  **A** →after diarrhea (which is alkali) the blood will be acidic (low pH)
  **B** →after vomiting (which is acidic "Hcl") the blood pH will be alkali (high pH)
  **C** →O2low H+ and high pH, so the pH in right atrium "low O2" will be lower than the Lt atrium "high O2"
  **D**→Left ventricle has more oxygenated blood than right atrium
  **E**→blood in arteries is more oxygenated than that in veins

**44. Depressed patient has injestion big quantity of Aspirin 6 hours ago, came to ER complaining of nauesa, vomiting, increase respiration, investigatin showed highly elevated level of ASA, what is your action:**
a) urine acidity something
b) charcoal
c) haemodialysis
d) **Alkalinization of the urine**

- **Aspirin toxicity**: in early stages, salicylate will stimulate respiratory center → increase RR → respiratory alkalosis that will be compensated by metabolic acidosis. In late stage, it will interfere with COH, fat, & protein metabolism as well as Oxidation phosphorylation leads to increase lactate, pyrovate, & keton bodies. All will lead to decrese pH.
- **Signe & symptoms** includes: nausea, vomiting, increase RR, temp and HR, sweating, cerebral or pulmonary edema, & coma. +ve anion gap.
- **Treatment**: hydration, correct K+, gastric lavage or activated charcoal, urine alkalization, hemodialysis)

**45. Patient with Severe hypothyroidism and hyponatremia (108= Na ), high TSH and not respond to painfull stimuli, how would you treat him:**
a) Intubate, give 3% sodium then treat hypothyroidism status
b) treat hypothyroidism & monitor S.NA level every 6 hours
c) Thyroid and fluid replacements only
d) Thyroid and fluid and%3 Na
e) **Give 3% sodium, hydrocortisone & treat hypothyroidism status**

**46. anti-inflammatory drug can cause all except:**

a) acute renal failure
b) tubular necrosis
c) **Hypokalemia**
d) interstitial nephritis

- **Increase in the risk of myocardial infarction, gastrointestinal (most commonly), inflammatory bowel disease, Interstitial nephritis, Nephrotic syndrome, Acute renal failure, Acute tubular necrosis, Photosensitivity, metabolic and respiratory acidosis and hyperkalaemia.**

**47. Best economical NSAID is:**

a) Indometacin
b) **Brufen**

**48. One of the following condition does not cause hypokalemia:**

a) Metabolic alkalosis
b) Furosemide
c) Hyperaldosteronism
d) **Acute tubular necrosis**
e) Diarrhea

- **Acute tubular necrosis cause hyponatremia, hyperkalemia, hypermagnesemia, hypocalcemia, hyperphosphatemia and metabolic acidosis**

**49. Cherry red skin found in:**

a) Polycythema
b) **CO poisoning**

**50. Not true about hypoklemia :**

a) ST changes
b) Happened in hyperosmoler non ketotic
c) PR changes
d) **All true**

**51. Patient with severe vomiting and diarrhea in ER when he stand he feel dizziness. Supine Bp 120/80 on sitting 80/40. When asking him he answers with loss of sensorium what is most likely he has:**

a) insulin something
b) **Dehydration something**

**52. In active increase transaminase which of the following drugs contraindicated:**

a) Rinatidine
b) infidipine
c) **Vastatin**

**53. Elderly patient known case of IHD, you give him PRBC, but after that he suffer from fever with temperature of 38.5 what you will do:**

a) decrease rate of transfusion
b) **stop transfusion and treat patient with acetaminophen only**
c) stop transfusion and treat patient with mannitol and acetaminophen

**54. Patient came with pitting edema grade 1, where is fluid will accumulate:**

a) arteriole
b) veniole
c) **interstitial**
d) capillary

**55. stroke patient , most probable cause:**

a) Polycythemia vera
b) **Sickle cell anemia**

**56. 2ry polycethmia Doctor do breath by mask, but nothing happen, what you will do:**

a) continue one breath every 5seconds
b) put him on recovery position
c) **intubation**
d) do nothing till whole medical team

**57. Patient work in hot weather come with clammy cold skin ,hypotensive tachycardia:**

a) Heat stroke
b) **Heat exhaustion**

- **Heat exhaustion:** This condition often occurs when people are exposed to high temperatures especially when combined with strenuous physical activities and humidity. Body fluids are lost through sweating, causing dehydration and overheating of the body. The person's temperature may be elevated, but not above 104 F
- **Heat stroke:** also referred to as sun stroke, is a life-threatening medical condition. The body's cooling system, which is controlled by the brain, stops working and the internal body temperature rises to the point at which brain damage or damage to other internal organs may result (temperature may reach 105 F [40.5 C] or greater)

**58. Patient walking for relatively long time on ice when she was in vacation(somewhere in cold area) her feet is pale with marked decrease in pain sensation but the pulse is palpable over dorsalis pedis what is the appropriate thing to do:**

a) immediate heat with warm air
b) **Put her feet in warm water.**
c) I forget the rest but it is not appropriate

**59. case of fever of unknown origin with enlarged lymph node every other test is negative for T.B what is next :**

a) **Lymph node biopsy**
b) liver biopsy
c) bone marrow biopsy

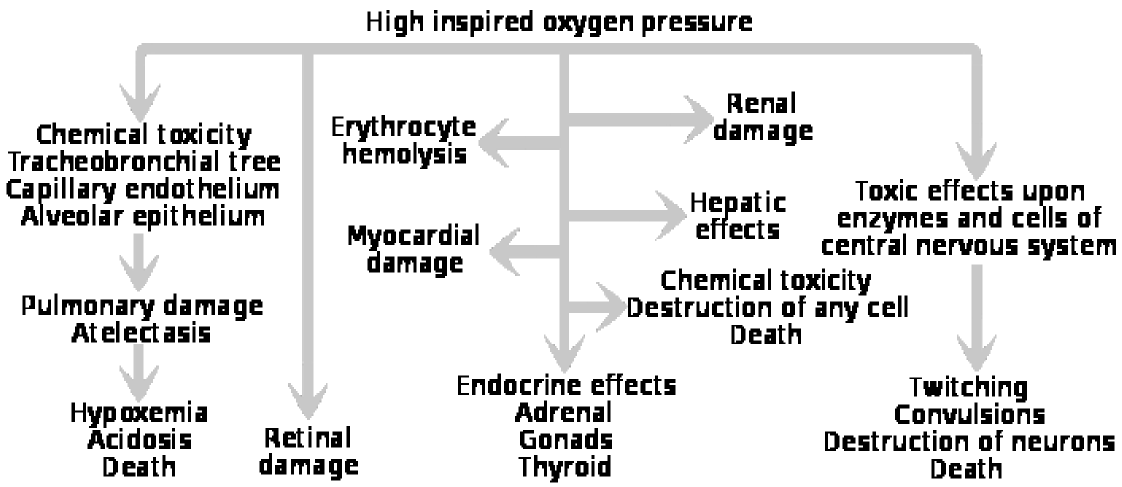
**60. Patient with digoxin toxcicty the most important to give:**

a) **Immune fab k**

**61. advice to patient to avoid food high in cholesterol:**

a) **Liver**
b) chicken
c) tuna
d) egg white

**62. 100% O2 given for prolonged periods can cause all except:**
a) Retrosternal Pain
b) Seizures
c) **Depression**
d) Ocular Toxicity




**63. What drug is likely to cause heat-stroke as it inhibits sweating :**
a) Orphanedrine
b) **Hyoscamine Sulfate**

- **Hyoscamine sulfate Warnings: In the presence of high environmental temperature, heat prostration can occur with drug use (fever and heat stroke due to decreased sweating)**
- **other drugs:**
  - Anticholinergics
  - Neuroleptics
  - Diuretics.
  - Sympathomimetics
  - Antihypertensives

**64. What drug reverses the effect of Benzodiazepines:**
a) **Flumazenil**

- **Flumazenil (Anexate) is a competitive benzodiazepine receptor antagonist that can be used as an antidote for benzodiazepine overdose**

**65. Wound, with greenish discharge, Gram +ve in long chain**:
a) **Streptococcus**
b) Proteus
c) Chlamydia

**66. Pneumococcal vaccine :**
a) Not recommended in healthy child
b) Can't be given with MMR
c) Can't be given to child less than 2 years
d) **If given to sickler and exposed to infection has to take pencilin**

**67. Patient have normal Na , Cl , urine PH ALL electrolyte were normal except HCO3 was low : ( serum PH not mention )**

a) met acidosis ( not sure )
b) met alkalosis
c) res acidosis
d) **Respiratory alkalosis (compensated)**

**68. 70 years old with sever muscle pain , diarrhea , disorientation , he is in diuretic the cause :**

a) **Hyponatremia**
b) Hypokalemia

**69. the mechanism of action of heparin:**

a) **activation of antithrombin iii**

**70. chronic use of alcohol : first drug to give pt :**

a) **thiamine**

- **All patients being treated for AW should be given 100 milligrams (mg) of thiamine as soon as treatment begins and daily during the withdrawal period.**

**71. chickpeas.kidney beans and lentils contain which element of following :**

a) bromide
b) chromium
c) **iron**
d) Selerium

**72. important tools for listening to a patient include:**

a) Using tools for asking.
b) Imagination.
c) **Using similar words and expressions as the patient.**
d) A sense of humor.
e) All of the above.

**73. Patient admitted as a case of emphysema, according to the vaccine what you will do:**

a) give pneumococcal vaccine now
b) give flu vaccine now
c) **give all vaccine 2 weeks after discharge**
d) give flu vaccine now and pneumococcal vaccine 4 week after discharge

**74. patient received varicella vaccine after 30 mins he developed itching .. treatment is :**

a) **Subcutaneous epinephrine**

**75. effect of niacin is :**

a) decrease uric acid .
b) hypoglycemia
c) increase LDL
d) **increase HDL**
e) increase triglyceride

**76. Obese female patient. What is the next step:**

a) **Decrease caloric intake**

**77. Patient with N. Gonorrhea bacteremia what is the AB of choice:**

a) **Penicillin**

**78. Patient with seizure using Aspirin and phenytoin for 2 years, complaining of mild mid epigastric pain and bilateral painless axillary lymph nodes 2×2cm, Biopsy of the lymph nodes showed Hyperplasia , what is the diagnosis:**

a) **Drug reaction**
b) Hodgkin lymphoma
c) SLE
d) CLL

**79. During blood transfusion , the patient develop fever and pain at infusion site – your action :**

a) slow infusion + antibiotic
b) Slow infusion + acetaminophen?
c) **stop infusion + crystalloid fluid**
d) stop infusion+ monitor + acetaminophen

**80. All of the following are signs of allergy to local anesthesia, EXCEPT:**

a) Laryngeal spasm
b) Urticaria
c) **Low BP**
d) Bronchospasm

**81. Patient recovering from Viral Gastroenteritis, vomiting and diarrhea abated but still having Anorexia. What will you advice:**

a) **Bananas**
b) Rice cereal and apple juice Chopped pear
c) yogurt
d) Granola

**82. Which of the following b-blocker .. have an alpha blocking effect:**

a) **Labetalol and Carvedilol (block beta and alpha)**

**83. Roaccutane(isotretonion) S.E:**

a) **Birth problems**

**84. What is the organism that will growth in the agar in a sample from a cat bite:**

a) salmonella
b) **Bacteroid species**
c) Streptococcus

**85. Male patient was working in hot climate ( I am not sure if he develop syncope or not ) he brought to ER he was vitally stable , what you will do for him:**

a) **Start IVF**
b) admit him to the ICU
c) cooling core system . ( vitally stable )

**86. All of the following will improve the patient compliance except:**

a) making the appointment convenient
b) simplify the regimen
c) writing the instructions clearly
d) tell about the danger of missing doses
e) involve the patient as active participant

**87. Regarding Paracetamol toxicity:**

a) Not toxic if dose exceed 150-180 mg
b) Cause vomiting and neuropathy
c) Therapeutic effect after 4 hours
d) Use Deferoxamine
e) The liver enzyme reaches the max. Level 4-6 hours after ingestion

**88. What can you give to increase iron absorption to the body:**

a) Vitamin E
b) Vitamin C
c) Zinc

**89. Young male with depression on citalopram present unconscious with toxicity of unknown substance.Investigation result : metabolic acidosis and anion gap of 18 , what is the cause:**

a) Citalopram
b) Aspirin
c) Paracetamol

**90. Diuretic causes:**

a) Hypokalemia

**91. Patient with over dose medication . he is in coma and absent gag reflex treatment:**

a) Intubation
b) Naloxone IV
c) Flumazenil IV

**92. In supine portable CXR, all the followings are expected except:**

a) Cardiomegaly
b) Cephalization of veins
c) Wide mediastinum
d) Poor exposure
e) Loss of Aortic Knob

**93. high serum lactate, all are true except:**

a) The most important cause is shock
b) Correlate well with MR in sick patients
c) Hypoxia is a well–known cause
d) Cleared by the liver
e) Anemia is rarely a cause

**94. Which drug can cause hirsutism:**

a) Danazol

**95. Substance or medication used in smoking cessation ( but I could not remember the name) contraindicated in:**

a) **patient with bipolar disorder**
b) patient with hemolytic anemia

**96. A man with writer Raynaud's phenomenon he exposes to smoke where he lives what do you advise him to do:**

a) **Smocking doesn't affect the condition**
b) **Wear anti vibration gloves**
c) Keep warm core temp

**97. Most serious symptom of CO poisoning is:**

a) Hypotension
b) **Arrhythmia**
c) Cyanosis
d) Seizure

**98. What is the food should avoid hyperlipidemia patient:**

a) Avocado
b) **Organic meat**

- **avocado is a source for omega 6 (linoleic) fatty acid which has many benefits. So, I would choose organic meat from the mentioned answers!**

**99. There is an interaction between CARVIDILOL and:**

a) warfarin
b) **digoxin**
c) thiazide

- **carvidilol drug reaction with digoxin. They both lower the serum K level.**

**100. All are true; EXCEPT:**

a) **Iron supplement is not essential in all breast fed infant**
b) Normal pregnancy are not always end in normal deliveries
c) All TB regimes should have INH
d) One or more essential amino acids are deficient in most vegetables
e) Protein of low biological value present in cereals and legumes

**101. All can cause secondary hyperlipidemia except:**

a) Hypothyroidism
b) Alcoholism
c) Nephrotic syndrome
d) Estrogen therapy
e) **Hypertension**

- **Secondary hyperlipidemia causes: Diabetes mellitus, use of drugs such as diuretics, beta blockers, and estrogens, hypothyroidism, renal failure, Nephrotic syndrome, alcohol usage, and some rare endocrine and metabolic disorders.**

**102. Patient taking bupropion to quit smoking what is Side effect?**

a) Arrhythmia
b) **Seizure**
c) Xerostomia
d) Headache

**103. Known case of DM present with calf pain during walking On examination : week peripheral pulse ( can't remember ) diagnosis:**

a) Peripheral arterial disease
b) I schemia

**104. Patient with painful lower limb, pale, no pulses , was admitted for 2 weeks till now, what is the cause?**

a) DVT
b) arterial thrombosis
c) arterial embolus

CHAPTER 1

# Internal Medicine

# Rheumatology

J

Section

1. **Which of following favor diagnosis of SLE?**
   a) Joint deformity
   b) Lung cavitations
   c) Sever raynaud phenomenon
   d) **Cystoid body in retina**
   e) Anti RNP+

2. **Patient with Rheumatoid arthritis on hand X-Ray there is swelling what you will do for him**
   a) **NSAID**
   b) Injection steroid
   c) positive pressure ventilation

- **If there is DMARD choose it**

3. **Psuedogout:**
   a) Phosphate
   b) Calcium
   c) Florida
   d) **Calcium pyrophosphate**

4. **Patient complaints of abdominal pain and joint pains, the abdominal pain is colicky in character, and accompanied by nausea, vomiting and diarrhea. There is blood and mucus in the stools. The pain in joints involved in the ankles and knees, on examination there is purpura appear on the legs and buttocks:**
   a) Meningococcal Infections
   b) Rocky Mountain Spotted Fever
   c) Systemic Lupus Erythematous
   d) **Henoch sconlein purpura**

5. **Long scenario, bone mineral density ,having T score - 3.5,, so diagnosis is**
   a) Osteopenia
   b) **Osteoporosis**
   c) Normal
   d) Rickets disease

- **Normal bone mineral density (T score > -1)**
- **Osteopenia (T score between -1 and –2.5)**
- **Osteoporosis (less than -2.5)**

6. **Patient with HTN and use medication for that, come complain of pain and swelling of big toe (MTJ) on light of recent complain which of following drug must be change**?
   a) **Thiazide**

- **side effect of Thiazide is gout**

7. **Elderly came with sudden loss of vision in right eye with headache, investigation show high CRP and high ESR, what is the diagnosis?**
   a) **Temporal arteritis**

8. **Case of temporal arteritis, what's the treatment:**
   a) **Corticosteroids**

9. **Old female patient with osteoporosis, what is exogenous cause?**
   a) Age
   b) **Decreased vitamin D**

10. **Patient with cervical spondylitis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution. Studies showed alertness in ulnar nerve function in elbow..to ur action is :**
   a) **Physiotherapy**
   b) Cubital tunnel decompression

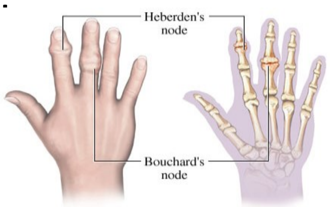
11. **Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles, EMG showed Ulnar tunnel compression of the ulnar nerve, what is your action now:**
   a) Steroid injection
   b) CT scan of the spine
   c) **Ulnar nerve decompression**

12. **Polymyalgia Rheumatica case with elevated ESR , other feature :**
   a) Proximal muscle weakness
   b) **Proximal muscle tenderness**

- **In polymyalgia Rhematica pain occurs on movement with normal strengths of the muscles.**

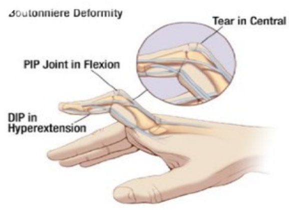
13. **Patient came with osteoarthritis & swelling in distal interphalangeal joint, what is the name of this swelling?**
   a) Bouchard nodes
   b) **Heberden's nodes**

14. **An 80 year old lady presented to your office with a 6 month history of stiffness in her hand, bilaterally. This stiffness gets worse in the morning and quickly subsides as the patient begins daily activities. She has no other significant medical problems. On examination the patient has bilateral bony swellings at the margins of the distal interphalangeal joints on the (2nd-5th) digits. No other abnormalities were found on the physical examination. These swellings represen**
   a) **Heberden's nodes**
   b) Bouchar's nodes
   c) Synovial thickenings
   d) Subcutaneous nodules




- **Explanation: the history suggests osteoarthritis which has both heberden's nodes and bouchard's; depending on the location the names of the nodes differ heberden's nodes are at the DIPJ while bouchard's nodes are at the PIPJ. Reference: Saunders'pocket essentials of Clinical medicine (parveen KUMAR)**

15. **Regarding Boutonniere deformity which one is true**
   a) **Flexion of PIP &hyperextension of DIP.**
   b) Flexion of PIP & flexion of DIP
   c) Extension of PIP & flexion of DIP.
   d) Extension of PIP & extension of DIP




16. **Young patient with red, tender, swollen big left toe 1st metatarsal, tender swollen foot and tender whole left leg. His temperature 38, what is the diagnosis?**
   a) **Cellulitis**
   b) Vasculitis
   c) Gout Arthritis

**17. Patient has history of parotid and salivary gland enlargement complains of dry eye, mouth and skin, lab results HLA-B8 and DR3 ANA positive, rheumatoid factor positive, what is the course of treatment?**

a) physostigmin
b) **Eye drops with saliva replacement**
c) NSAID
d) plenty of oral fluid

**18. Patient elderly with unilateral headache, chronic shoulder and limb pain, positive Rheumatoid factor and positive ANA, what is the treatment?**

a) Aspirin
b) Indomethacin
c) **Corticosteroid**

**19. Patient with recurrent inflammatory arthritis (migratory) and in past she had mouth ulcers now complaining of abdominal pain what is the diagnosis**

- **Read about causes of migratory arthritis**

**20. Acute Gout management :**

a) Allopurinol
b) **NSAID**
c) Paracetamol
d) Gold salt

**21. Treatment of acute gouty arthritis**

a) Allopurinol
b) **Indomethacin**
c) Penicillamine
d) Steroid

**22. All can be used for the treatment of acute gout EXCEPT:**

a) **Allopurinol.**
b) Penicillamine.
c) Gold salt.
d) Paracetamol.
e) Indomethacin.

**23. Best investigation for Giant Cell Arteritis**

a) **Biopsy from temporal arteritis**

**24. Patient with rheumatoid arthritis came to you and asking about the most effective way to decrease joint disability in the future, your advice will be**:

a) Cold application over joint will reduce the morning stiffness symptoms
b) **Disease modifying antirheumatic drugs are sufficient alone**

**25. Osteoporosis depend on**

a) **Age**
b) Stage
c) Gender

**26. Patient present with SLE, The least drug has side effect:**

a) **Methotrexate**
b) name of other chemotherapy

**27. 30 years old male with history of pain and swelling of the right knee, synovial fluid aspiration showed yellow color opaque appearance, variable viscosity. WBC = 150,000 , 80% neutrophil, poor mucin clot, Dx is :**

a) Goutism Arthritis
b) Meniscal tear
c) RA
d) Septic arthritis
e) Pseudogout arthritis

- **Explanation: WBC>50,000 with poly predominance>75% is suspicious for bacterial infection**

**29. Juvenile Idiopathic Arthritis treatment :**

a) Aspirin
b) Steroid
c) Penicillamine
d) Hydrocloroquin
e) Paracetamol

**30. Man with pain and swelling of first metatarso-phalyngeal joint. Dx:**

a) **Gout "also called Podagra"**

**31. Rheumatoid Arthritis:**

a) Destruction in articular cartilage
b) M=F
c) No nodules
d) Any synovial joint
e) HLA DR4

- **Explanation:**
  a→ is true plus destruction of bones
  b→ is false the M:F is 1:3
  c→ is false Nodules are present in elbows & lungs
  d→ is false because it doesn't affect the dorsal & lumbar spines
  e→ is true but it also affects HLA DR1

**32. Pseud-gout is**

a) $CACO_3$
b) $CACL_3$

- **Gout : Deposition of Monosodium Urate Monohydrate, –ve of birefringent, needle shape**
- **Psudogout : Deposition of Calcium Pyrophosphates Dehydrate crystal, +ve birefringent, rhomboid shape, ($CACO_3$)**

**33. Female patient diagnosed as Polymyalgia Rheumatica, what you will find in clinical picture to support this diagnosis**

a) osteophyte in joint radiograph
b) Tenderness of proximal muscle
c) weakness of proximal muscle
d) Very high ESR

- **Polymyalgia Rheumatica is a syndrome with pain or stiffness, usually in the neck, shoulders, and hips, caused by an inflammatory condition of blood vessels. Predisposes to temporal arteritis**
- **Usually treated with oral Prednisone**

**34. 14years girl with arthralgia and photosensitivity and malar flush and proteinuria , so diagnosis is :**

a) RA
b) **Lupus Nephritis**
c) UTI

**35. Which of the following is a disease improving drug for RA :**

a) NSAID
b) **Hydroxychloroquine**

- **Disease Modifying Anti-Rheumatic Drugs (DMARDs) :**
  - Chloroquine & Hydroxychloroquine
  - Cyclosporin A
  - D-penicillamine
  - Gold salts
  - Infliximab
  - Methotrexate (MTX)
  - Sulfasalazine (SSZ)

**36. Which drug causes SLE like syndrome:**

a) **Hydralazine**
b) Propranolol
c) Amoxicillin

- **High risk:**

1) Procainamide (antiarrhythmic)
2) Hydralazine (antihypertensive)

- **Moderate to low risk:**

1. Infliximab (anti-TNF-α)
2. Isoniazid (antibiotic)
3. Minocycline (antibiotic)
4. Pyrazinamide (antibiotic)
5. Quinidine (antiarrhythmic)
6. D-Penicillamine (anti-inflammatory)
7. Carbamazepine (anticonvulsant)
8. Oxcarbazepine (anticonvulsant)
9. Phenytoin (anticonvulsant)
10. Propafenone (antiarrhythmic)

**37. Most important point to predict a prognosis of SLE patient :**

a) **Degree of renal involvement**
b) sex of the patient
c) leucocyte count

**38. Patient was presented by back pain relieved by ambulation, what is the best initial treatment:**

a) Steroid injection in the back.
b) Back bracing.
c) **Physical therapy "initial treatment"**

**39. Diet supplement for osteoarthritis**

a) **Ginger**

**40. Mechanism of destruction of joint in RA :**

a) Swelling of synovial fluid
b) **Anti-inflammatory cytokines attacking the joint**

**41. 27 years old male has symmetric oligoarthritis, involving knee and elbow, painful oral ulcer for 10 years, came with form of arthritis and abdominal pain. Dx is:**

a) **Behjets disease**
b) SLE
c) Reactive arthritis
d) UC
e) Wipple's disease

- **Explanation:** The diagnosis of Behçet disease was clarified by an international study group (ISG) .This group developed ISG criteria, which currently are used to define the illness. At least 3 episodes of oral ulceration must occur in a 12-month period. They must be observed by a physician or the patient and may be herpetiform or aphthous in nature.
- **At least 2 of the following must occur:**

1) recurrent, painful genital ulcers that heal with scarring;
2) ophthalmic lesions, including anterior or posterior uveitis, hypopyon, or retinal vasculitis;
3) skin lesions, including erythema nodosum, pseudofolliculitis, or papulopustular lesions
4) pathergy, which is defined as a sterile erythematous papule larger than 2 mm in size appearing 48 hours after skin pricks with a sharp, sterile needle (a dull needle may be used as a control).
5) Neurologic manifestations: The mortality rate is up to 41% in patients with CNS disease. This tends to be an unusual late manifestation 1-7 years after disease onset: Headache - 50% , Meningoencephalitis - 28% , Seizures - 13% , Cranial nerve abnormalities - 16% , Cerebellar ataxia , Extrapyramidal signs, Pseudobulbar palsy , Hemiplegia or paralysi , Personality changes ,Incontinence ,Dementia (no more than 10% of patients, in which progression is not unusual)
6) Vasculopathy: Behçet disease is a cause of aneurysms of the pulmonary tree that may be fatal. DVT has been described in about 10% of patients, and superficial thrombophlebitis occurred in 24% of patients in the same study. Noninflammatory vascular lesions include arterial and venous occlusions, varices, and aneurysms.
7) Arthritis: Arthritis and arthralgias occur in any pattern in as many as 60% of patients. A predilection exists for the lower extremities, especially the knee. Ankles, wrist, and elbows can also be primarily involved. The arthritis usually is not deforming or chronic and may be the presenting symptom and rarely involves erosions. The arthritis is inflammatory, with warmth, redness, and swelling around the affected joint.Back pain due to sacroiliitis may occur.
8) Gastrointestinal manifestations: Symptoms suggestive of IBD, Diarrhea or gastrointestinal bleeding, ulcerative lesions (described in almost any part of the gastrointestinal tract) , Flatulence ,Abdominal pain, Vomiting and Dysphagia.
9) Other manifestations : Cardiac lesions include arrhythmias, pericarditis, vasculitis of the coronary arteries, endomyocardial fibrosis, and granulomas in the endocardium, Epididymitis , Glomerulonephritis Lymphadenopathy , Myositis, Polychondritis

**42. Patient is 74 years female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. O/E: no muscle weakness detected. Investigation of choice is**

a) RF
b) Muscle CK
c) **ESR**

- **Typical presentation of Polymyalgia rheumatic**

**43. In patient with rheumatoid arthritis:**

a) Cold app. over joint is good
b) Bed rest is the best
c) **Exercise will decrease post inflammatory contractures**

- **Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that may affect many tissues and organs, but mainly joints. It involves an inflammation of the capsule around the joints (synovium)**
- **Increased stiffness early in the morning is often a prominent feature of the disease and typically lasts for more than an hour. Gentle movements may relieve symptoms in early stages of the disease**

**44. Gouty arthritis negative pirfringes crystal what is the mechanism :**

a) **Deposition of uric acid crystal in synovial fluid due to over saturation**

- **Gout (also known as Podagra when it involves the big toe) is a medical condition characterized by recurrent attacks of acute inflammatory arthritis — a red, tender, hot, swollen joint. The metatarsal-phalangeal joint at the base of the big toe is the most commonly affected (50% of cases). However, it may also present as tophi, kidney stones or urate nephropathy**
- **Mechanism: disorder of purine metabolism, and occurs when its final metabolite, uric acid, crystallizes in the form of monosodium urate, precipitating in joints, on tendons, and in the surrounding tissues**

**45. Old patient with history of bilateral pain and crepitations of both knee for years now come with acute RT knee swelling, on examination you find that there is edema over dorsum and tibia of RT leg, what is the best investigation for this condition?**

a) Right limb venogram

- **To R/O DVT we have to do D-Dimer level first; if it is less than 500ng/ml DVT excluded.**

**46. 40 years old male come to you complaining of sudden joint swelling, no history of trauma, no history of chronic disease, what is the investigation you will ask?**

a) CBC for WBCs
b) **ESR**
c) MRI of knee joint
d) Rheumatoid factor

**47. Female with sudden blindness of right eye, no pain in the eye, there is temporal tenderness when combing hair, what is the management?**

a) eye drop steroid
b) oral steroid
c) **IV steroids**

- **Giant-cell arteritis** (temporal arteritis): inflammatory disease of blood vessels most commonly involving large and medium arteries of the head, predominately the branches of the external carotid artery. It is a form of vasculitis.
- **Treatment**: Corticosteroids, typically high-dose prednisone (40–60 mg), must be started as soon as the diagnosis is suspected (even before the diagnosis is confirmed by biopsy) to prevent irreversible blindness secondary to ophthalmic artery occlusion. Steroids do not prevent the diagnosis from later being confirmed by biopsy, although certain changes in the histology may be observed towards the end of the first week of treatment and are more difficult to identify after a couple of months. The dose of prednisone is lowered after 2–4 weeks, and slowly tapered over 9–12 months. Oral steroids are at least as effective as intravenous steroids, except in the treatment of acute visual loss where intravenous steroids appear to be better

**48. Patient with oral ulcer, genital ulcer and arthritis, what is the diagnosis?**

a) **Behçet's disease**
b) syphilis
c) herpes simplex

- **Behçet's disease: rare immune-mediated systemic vasculitis, described as triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis. As a systemic disease, it can also involve visceral organs and joints**

**49. Patient with history of 5 years HTN on thiazide, came to ER midnight screaming holding his left foot, O/E pt a febrile, Lt foot tender erythema, swollen big toe most tender and painful, no other joint involvement**

a) cellulitis
b) **Gouty arthritis**
c) septic arthritis

- **one of the Thiazide side effect is Hyperuricemia which predisposes to Gout**

**50. Joint aspirate, Gram stain reveal gram negative diplococcic (N. gonorrhea), what is the treatment?**

a) **Ceftriaxone IM or cefepime PO one dose**

**51. Patient with pain in sacroiliac joint, with morning stiffness, X-ray of sacroiliac joint, all will be found EXCEPT:**

a) RF negative
b) **Subcutaneous nodules**
c) male > female

- **Explanation: This inflammatory joint disease characterized by persistently –ve test for RF**
- **It develops in men before age of 40 with HLA B27.It causes synovial and extra synovial inflammation involving the capsule, periarticularperiosteum, cartilage and subchondral bone.**
- **Large central joints are particularly involved such as (sacroiliac, symphysis pubis & intervertebral joints)**
- **Resolution of inflammation leads to extensive fibrosis and joint fusion, but no subcutaneous nodules since it's not a seropositive disease**

**52. Allopurinol, one is true:**

a) Effective in acute attack of gout.
b) **decreases the chance of uric acid stone formation in kidneys**
c) Salisylates antagonize its action

- **Explanation: Indication of Allopurinol: Prevention of attacks of gouty arthritis uric acid nephropathy. [but not in acute attack**
- **Allopurinol is used to treat Hyperuricemia along with its complications "chronic gout & kidney stones"**

**53. A painful knee with swelling and positive ballotman test. What's the next best step in investigation?**

a) CBC
b) MRI
c) CT
d) **Arthrocentesis**

**54. Commonest organisms in Septic arthritis:**

a) **Staphylococcus aureus**
b) Streptococci
c) N. gonorrhea

**55. 28 years old woman came to your clinic with 2 months history of flitting arthralgia. Past medical history: Unremarkable. On examination: she is a febrile. Right knee joint: mild swelling with some tenderness, otherwise no other physical findings. CBC: HB 124 g/L = 12.4 g\dl) WBC: 9.2 x 109/L ESR: 80 mm/h Rheumatoid factor: Negative, VDRL: Positive, Urine: RBC 15-20/h PF Protein 2+, The MOST appropriate investigation at this time is:**

a) Blood culture.
b) A.S.O titer.
c) C-reactive protein.
d) **Double stranded DNA.**
e) Ultrasound kidney.

- **Explanation: young female, with a joint problem, high ESR, Proteinuria and a positive VDRL (which is false positive in SLE). Blood culture is not needed (patient is a febrile, inflammatory features in the joint aren't so intense), A.S.O. titer is also not top in your list although post strept. glomerulonephritis is possible but not top in the list since its more common in pediatric age group. So the answer would be double stranded DNA which is one of the serology criteria in SLE**

**56. ulnar nerve entrapment what is your action :**

a) **cubital fossa release**

**57. 74 years old female patient of Cushing's syndrome, had hip fracture falling off stool, what will you screen for while also treating her fracture:**

a) Hyperparathyroidism
b) Osteomyelitis
c) **Osteoporosis**
d) Osteomalacia

**58. 30 age women with sharp pain in the index finger increase with using scissors or nail cut which cause sharp pain at the base of the finger in matacarpophlyngeal joint and the finger become directed downward in (mean flexed DIP) and cause pain when try to extend the finger..**

a) trigger finger
b) tendon nodule
c) dupetren contracure
d) **mallet finger**

- **loss of extensor tendon continuity at the DIPJ causes the joint to rest on an abnormaly flexed positionthe classic mechanism of injury is a finger held rigidly in extension or nearly full extension.**

**59. 65 years old female patient who has a 10 years history of symmetrical polyarthritis is admitted to the hospital, examination reveals splenomegally, ulceration over lateral malleoli and synovitis of the wrists, shoulders and knees, investigation shows WBC 2500 ,the most likely diagnosis is:**

a) **Felty's syndrome**

- **Felty's syndrome: triad of RA, neutropenia, and splenomegaly.**

**60. typical scenario of giant cell arteritis wtas th rx**

a) **steroid**

**61. What is the best way for bone and muscle to prevent aging process.**

a) **Low resistence excercises with conditioning**

**62. Adult male during exercise he suddenly felt pain in the middle of his rt. Thigh posteriorly. On exam. He has discoloration in the same site and mass in the hamstring ms. No bone tenderness or palpable defect. Mx:**

a) Surgery
b) Splint
c) Bandage
d) Ice, elevation and bandage
e) Cast.

**63. Patient came with left arm stiffness and pain, he can't abducted his arm .. dx**

a) subcromial bursitis
b) glenohumoral arthritis

- **Subacromial bursitis is a condition caused by inflammation of the bursa that separates the superior surface of the supraspinatus tendon (one of the four tendons of the rotator cuff) from the overlying coraco-acromial ligament, acromion, coracoid (the acromial arch) and from the deep surface of the deltoid muscle.**
- **Subacromial bursitis often presents with a constellation of symptoms called impingement syndrome. Pain along the front and side of the shoulder is the most common symptom and may cause weakness and stiffness. If the pain resolves and weakness persists other causes should be evaluated such as a tear of the rotator cuff or a neurological problem arising from the neck or entrapment of the suprascapular nerve.**
- **The onset of pain may be sudden or gradual and may or may not be related to trauma.**
- **Impingement may be brought on by sports activities, such as overhead throwing sports and swimming, or overhead work such as painting, carpentry or plumbing.**
- **Activities that involve repetitive overhead activity, or directly in front, may cause shoulder pain. Direct upward pressure on the shoulder, such as leaning on an elbow may increase pain.**
- **Night time pain, especially sleeping on the affected shoulder, is often reported.**
- **Localized redness or swelling are less common and suggest an infected subacromial bursa.**
- **The patient actively abducts the arm and a painful arc occurs between 80° and 120°.**
- **Shoulder arthritis can be one of three types of arthritis in the glenohumeral joint of the shoulder**
- **The main symptom of shoulder arthritis is pain; this is due to the grinding of the bones against each other because of the lack of cartilage. Pain usually occurs in the front of the shoulder and is worse with motion. People with shoulder arthritis will also experience moderate to severe weakness, stiffness developing over many years, and the inability to sleep on the affected shoulder.**
- **Diagnosis is simple; usually the doctor can tell if you have shoulder arthritis by your symptoms, but he she will most likely also take an x-ray or MRI**

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**64. Case about patient came with unilateral knee swelling for 2 days under microscope he has needle-like morphology and strong negative birefringence what's your ttt :**

a) Allopurinol
b) Indomethacin

**65. An 80 year old retired carpenter complains of a pain in his left shoulder, he can't sleep on his Lt side because of it, can't raise his hand up, on examination, limited range of motion, x-ray showed osteopenia, Dx:**

a) Osteoporosis.
b) Adhesive capsulitis.
c) Sub-acromial bursitis.
d) Biceps muscle tear.

**66. Patient with dysphagia, ptosis, and double vision , his disease is due to;**

a) **Antibodies to acetylcholine receptors.**

**67. Patient with pain in first metatarsophalangeal joint swelling edema normal WBC**

a) **Monosodium Urate**
b) Calcium ….

**68. Patient came with excruciating pain in the 1st toe on examination there was pain on moving the 1st MTP Joint and the overlying skin was skin was erythematous "NOTE: no any INX result was mentioned"**

a) **Sodium urate**
b) Ca pyrophosphate

**69. other version of this Q Yung pt came with hx of acute painful swelling of the first metatarsophalangeal joint, redness, tenderness, fever 38c, what is the etiology:**

a) **Staph aureus = septic artheritis**
b) Sodium urate deposition
c) Pyro phosphate calcium deposition

**70. Pt get a deep laceration in the anterior surface of the wrist, what abnormality is expected "NOTE : no name of any nerve was mentioned"**

a) The pt will not be able to flex the MCP
b) Wrist drop
c) Clow hand
d) Loss sensation.... I think the hand
e) **Unable to oppose the thumb infront of other fingers**

**71. 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:**

a) Claw hand defect
b) wrist drop
c) Sensory deficit only.
d) **Inability to oppose the thumb to other fingers**
e) The inability to flex the metacarpophalangeal joints.

**72. Group A Hemolytic streptococcus, causes rheumatic fever when:**

a) Invade blood stream
b) Invade myocardium
c) **After tonsillitis and pharyngitis**
d) Skin infection

- **Acute rheumatic fever is a complication of respiratory infections**
- **Post-streptococcal glomerulonephritis is a complication of either strep throat or streptococcal skin infection**

**73. Patient had arthritis in two large joints & pansystolic murmur "carditis" Hx of URTI, the most important next step:**

a) ESR
b) **ASO titre**
c) Blood culture

- **The diagnosis of Rheumatic fever can be made when two of the major Modified Jones criteria, or one major criterion plus two minor criteria, are present along with evidence of streptococcal infection: elevated or rising Antistreptolysin 'ASO' titre or DNAase**

**74. The drug with the least side effects for the treatment of SLE is:**

a) **NSAIDs**
b) Methotrexate
c) Corticosteroid
d) Hydroxychloroquin

- **Methotrexate, corticosteroid and hydroxychloroquin.**

**75. Duration of drug in Rheumatoid fever is :**

a) 6 years
b) 15 years
c) **Primary prevention lasts for 10 days and 2ry prevention lasts for 5years or 10 years depending on presence of cardiatis**

**76. An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest, The most likely diagnosis is:**

a) **Osteoarthritis**
b) Rheumatoid arthritis
c) Septic arthritis

**77. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:**

a) Osteoporosis
b) **Osteoarthritis**
c) Rh. Arthritis

**78. Old patient with bilateral knee swelling, pain, normal ESR:**

a) Gout
b) **Osteoarthritis**
c) RA

**79. What is the initial management for a middle age patient newly diagnosed knee osteoarthritis.**

a) Intra-articular corticosteroid.
b) Reduce weight
c) Exercise.
d) **Strengthening of quadriceps muscle.**

**80. The useful exercise for osteoarthritis in old age to maintain muscle and bone:**

a) Low resistance and high repetition weight training
b) Conditioning and low repetion weight training
c) **Walking and weight exercise**

**81. Male patient present with swollen erythema, tender of left knee and right wrist, patient give history of international travel before 2 month, aspiration of joint ravel, gram negative diplococcic, what is most likely organism?**

a) **Neisseria gonorrhea**
b) staphcoccus
c) streptococcus

**82. Triad of heart block, uveitis and sacroiliitis, diagnosis:**

a) **Ankylosing Spondylitis**
b) lumbar stenosis
c) multiple myeloma

**83. Patient have urethritis now com with left knee, urethral swap positive puss cell but negative for neisseria meningitides and chlamydia**

a) RA
b) **Reiter's disease**
c) Gonococcal

- **Reiter's arthritis : characteristic triad of symptoms: an inflammatory arthritis of large joints, inflammation of the eyes in the form of conjunctivitis or uveitis, and urethritis in men or cervicitis in women**

**84. Patient with Rheumatoid Arthritis he did an X-Ray for his fingers and show permanent lesion that may lead to permanent dysfunction, what is the underlying process?**

a) **Substance the secreted by synovial**

**85. What's correct regarding ankylosing spondylitis:**

a) **Upper lung fibrosis is known to occur** (my answer, not sure).
b) Mostly happen after the age of 45 years.
c) Has +ve rheumatoid factor.
d) Joints of the hands & feet are affected.
e) Aortic incompetence occurs due to valvitis (or something like this).

**86. Patient has HTN recurrent attack of gouts 3-4 per year , BUN and creatine are high , treatment :**

a) Probenecid
b) **allopurinol**
c) indomethacin

**87. Female came complaining of photosensitivity, malar rash, joint pain and had RBCS in urine, what the diagnosis:**

a) rheumatoid arthritis
b) lupus nephritis
c) gout
d) **SLE**

**88. Patient with early rheumatoid arthritis, what is your management to decrease the limitation of movement:**

a) Do not use analgesics or steroids
b) **Use DMARDs like methotrexate or antiTNF, hydroxychloroquine**

- **Explanation: RA usually requires lifelong treatment, including medications, physical therapy, exercise, education, and possibly surgery. Early, aggressive treatment for RA can delay joint destruction.**
- **MEDICATIONS: Disease modifying antirheumatic drugs (DMARDs): These drugs are the first drugs usually tried in patients with RA. They are prescribed in addition to rest, strengthening exercises, and anti-inflammatory drugs.**

CHAPTER

# General Surgery

2

1. **Patient came with redness of finger; you give Augmentin for one week but no improvement, so what you will do now?**
   a) Incision and drainage under general anesthesia
   b) Incision and drainage under local anesthesia
   c) Give Augmentin for another week
   d) Change antibiotic.



2. **42 years old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management:**
   a) Hormonal treatment with oral contraceptive pills
   b) Hormonal treatment with danazol
   c) Lumpectomy
   d) Observation for 6 months

3. **Best investigation to visualize the cystic breast masses is:**
   a) MRI
   b) CT
   c) Mammogram
   d) US

4. **Which of the following breast mass is bilateral?**
   a) Paget disease
   b) Lobular carcinoma
   c) Mucinous carcinoma

5. **36 years old female with breast mass mobile and change with menstrual cycle, no skin dimple or fathering. Your advice is**
   a) Repeat exam after 2 cycle
   b) Make biopsy
   c) Fine needle aspiration
   d) Oral contraception

6. **Concerning the treatment of breast cancer, which of the following statement is false?**
   a) Patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
   b) The treatment of choice for stage I disease is modified mastectomy without radiotherapy.
   c) Patients receiving radiotherapy have a much lower incidence of distant metastases.
   d) Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
   e) A transverse mastectomy incision simplifies reconstruction.

7. **What is the most important predisposing factor to the development of an acute breast infection?**
   a) Trauma
   b) Breast feeding
   c) Pregnancy
   d) Poor hygiene
   e) Diabetes mellitus

8. **Breast cyst which is green colored on aspiration, what is the next step in management?**
   a) throw the fluid away
   b) surgical excision of the cyst
   c) send for cytological examination

- **any color other than clear send to cytology**

**9. 30 years old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your NEXT step is:**
a) Do nothing and no follow-up.
b) Send the aspirated content for cytology and if abnormal do mastectomy.
c) **Reassure the patient that this lump is a cyst and reassess her in 4 weeks.**
d) Book the patient for mastectomy as this cyst may change to cancer.
e) Put the patient on contraceptive pills and send her home.

**10. Clear aspirated fluid from breast cyst will be:**
a) sent to cytology
b) **Thrown away**
c) sent to biochemical analysis
d) combined with biopsy

- **If clinically it is a cyst & aspirate shows clear fluid then no cytology is needed.**

**11. In breast cancer, all true except:**
a) 2 cm mass with free axilla is stage I
b) Chemotherapy is must for pre-menopausal with +ve axilla
c) Radical mastectomy is the choice of surgery
d) **Yearly mammogram for contra-lateral breast**

**12. What's true about screening of breast cancer?**
a) **Breast self-exam and mammography are complementary**

**13. Breast cancer in female under 35 years all of the following are true EXCEPT:**
a) Diagnosis and treatment are delayed due to the enlarged number of benign disease
b) The sensitivity of the mammogram alone is not enough for diagnosis
c) Family history of benign or malignant disease is predictive of diagnosis
d) **All discrete breast lumps need fine needle aspiration**

**14. Which of the following can cause of giant breast?**
a) Diffuse hypertrophy
b) Cystosarcomaphyllodes
c) Giant Fibroadenoma
d) **All of the above**

**15. Factors associated with an increased relative risk of breast cancer include all of the following EXCEPT:**
a) Nulliparity.
b) **Menopause before age 40.**
c) A biopsy showing fibrocystic disease with a proliferative epithelial component.
d) First term pregnancy after age 35.
e) Early menarche.

**16. The following are appropriate methods for the treatment of inflammatory processes in the breast EXCEPT:**
a) Sporadic lactational mastitis treated with antibiotics and continued nursing.
b) Recurrent periareolar abscess with fistula treated by distal mammary duct excision.
c) Breast abscess treated by incision and drainage.
d) **Breast abscess treated with antibiotics.**
e) Thrombophlebitis of the superficial veins treated by reassurance of the patient and follow up examination only.

**17. Factor which determine recurrence of breast cancer :**

a) Site & size of breast mass
b) Number of lymph nodes
c) Positive estrogen receptor
d) Positive progesterone receptor

**18. 23 years old female consulted her physician because of breast mass, the mass is mobile, firm and approximately 1 cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?**

a) Modified radical mastectomy
b) Lumpectomy
c) Biopsy
d) Radical mastectomy
e) Watchful waiting

**19. 35 years old lady complaining of breast tenderness and diffuses nodularity, during the physical examination you found 3 cm tender mobile right side mass, what you will do next?**

a) FNA with cytology
b) Mammogram
c) Biopsy
d) Follow up for next cycle
e) Observation

**20. The management of breast engorgement:**

a) Warm compression with continue breast feeding
b) Cold compression with stoppage of breast feeding
c) Cloxacillin with continue breast feeding

**21. 50years old female with breast cancer and CA125 elevate, So elevation due to**

a) Breast cancer
b) Associate with ovarian cancer
c) due to old age
d) normal variation

- **CA125→tumor marker mostly used for ovarian Ca, but it's also used with endometrial, fallopian, breast & GIT Ca**

**22. Female 13 years old, came complaining of mass in her left breast in lower outer quadrant, it is soft tender about 2 cm in size, patient denies its aggravation and reliving by special condition her menarche is as age of 12, what is diagnosis?**

a) Fibroadenoma
b) Fibrocystic disease

**23. Lady with 3 cm breast mass, solid non tender, mobile, persist during menses, slightly increased n size:**

a) Fibroadenoma
b) Fibrocystic
c) Ductal carcinoma
d) Papilloma

- **Fibrocystic due to the relation to hormonal changes**

**24. Lactating women with mastitis:**

a) Continue lactation
b) Clean with alcohol
c) Surgical drainage

**25. Rash on the breast, in the areola, using corticosteroid but not improved and no nipple discharge.**

a) Antibiotic
b) Surgery
c) Mammography

**26. Female about 30 years with breast cancer (given CBC, chemistry and ravel low hemoglobin and hematocrit), what is the next step in management?**

a) Staging
b) Lumpectomy
c) Mastectomy
d) Chemotherapy

**27. Lactation mastitis treatment is :**

a) Doxycycline
b) Ciprofloxacin
c) Ceftriaxone
d) Gentamicin
e) Cephalexin or dicloxacillin

**28. what is the treatment of cyclical mastalgia**

a) OCP, analgesic, NSAID, fat reduction and magnesium

**29. Lactating women 10 days after delivery developed fever, malaise, chills, tender left breast with hotness and small nodule in upper outer quadrant with axillary lymph node, Leucocytes count was 14 *10/L, diagnosis?**

a) Inflammatory breast cancer
b) Breast abscess
c) Fibrocystic disease

**30. 29 years Old female has a breast lump in the upper outer quadrant of the left breast, firm, 2 cm. in size but no L.N involvement, what is the most likely diagnosis?**

a) Fibroadenoma

**31. What is the management for the above patient?**

a) mammogram
b) excisional biopsy
c) FNA
d) breast US
e) follow up in 6 months

**32. A 45 years old lady presented with nipple discharge that contains blood. What is the most likely diagnosis:**

a) Ductal papilloma
b) duct ectasia
c) breast abscess
d) fat necrosis of breast

**33. Female patient breast feeding present with mastitis in upper outer quadrant, treatment:**

a) stop breast feeding & evacuate the milk by the breast pump
b) Give antibiotic to the mother & antibiotic to the baby.
c) **Antibiotics with continue breast feeding**

**34. The most common cause of nipple discharge in non-lactating women is**

a) Prolactinoma
b) Hypothyroidism
c) breast cancer
d) Fibrocystic disease with ductalectasia
e) **Intraductal papilloma**

- **The most common cause of galactorrhea is a tumor in the pituitary gland.**

**35. Female com with lump in breast which one of the following makes you leave her without appointment?**

a) Cystic lesion with serous fluid that not refill again
b) Blood on aspiration
c) Solid
d) **Fibrocystic change on histological examination**

**36. benign breast mass is :**

a) that is cystic and dose not refill after aspiration
b) **cytology shows fibrocystic disease**

**37. Patient with mastitis the most suitable antibiotic :**

a) Doxycycline
b) **Dicloxacillin**
c) Cloxacillin
d) Flucloxacillin
e) anti-staph

**38. What is the best frequency for breast self-examination?**

a) Daily.
b) Weakly.
c) **Monthly.**
d) Annually.

**39. Female 25yo, ask you about breast self-examination when should be done:**

a) 6-7 day after cycle
b) 5 day before
c) **7-10 day after**
d) 14-16 day after
e) after 2 day

**40. The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct EXCEPT:**

a) **Increases the survival of node-positive pre-menopausal women.**
b) Increases the survival of node-negative pre-menopausal women.
c) Increases the survival of node-positive post-menopausal women.
d) Is usually given in cycles every 3 to 4 weeks for a total period of 6 months or less.
e) Has a greater impact in reducing breast cancer deaths in the first 5 years after treatment than in the second 5 years after treatment.

**41. A 46-year-old female presents with a painful mass I x2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?**

a) Fat necrosis
b) thrombophlebitis
c) hematoma
d) Intraductal carcinoma
e) sclerosing adenosis

**42. 50 years old male with rectal bleeding, on examination there is external hemorrhoid, your action:**

a) Excision of the hemorrhoid
b) Rigid sigmoidoscopy then excision of the haemorrhoid
c) Colonoscopy

**43. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non reducible. What is the diagnosis?**

a) Hydrocele
b) Inguinal hernia

**44. 60 years old male patient complaining of dysphagia to solid food. He is smoker and drinking alcohol. ROS: Weight loss. What's the most likely diagnosis?**

a) Esophageal cancer
b) GERD
c) Achalasia

**45. Patient with scrotal pain & swelling, on examination: tender swelling & tender node in groin, increased intestinal sounds, one episode of vomiting & abdominal pain, management?**

a) Ask ultrasound
b) Refer to surgeon
c) Refer to urologist

**46. 17 years old young male presented with abdominal pain that started periumbilical then became localized in the right iliac fossa. CBC showed high WBC count, The best next step is:**

a) CT
b) US
c) Serial 3 abdominal films
d) Sigmoidoscopy
e) Diagnostic laparoscopy

**47. 26 years old woman had a perforated gallbladder post cholecystectomy. She presented with right upper quadrant pain that was tender, with fever of 38$^0$C, a pulse of 120 & raised right diaphragm on CXR. The most probable diagnosis is:**

a) Acute cholecystitis
b) Acute pancreatitis
c) Acute appendicitis
d) Subphrenic abscess
e) Perforated peptic ulcer

**48. Alcoholic and heavy smoker male patient presented with hematemesis. What's the most likely cause of his presentation?**

a) Esophageal varices

**49. A 10 years old boy came to the ER with right scrotal pain and swelling, on examination: tender right testis, with decreased flow on Doppler study. Your diagnosis is:**
a) Hernia
b) Hematocele
c) Testicular torsion
d) Orchitis

**50. Elderly woman has epigastric pain, collapsed at home. In the ER she has mild low back pain and her BP= 90/60. What's the most likely diagnosis:**
a) Mesenteric ischemia
b) Leakage/ruptured aortic aneurysm
c) Perforated duodenal ulcer
d) Gastric ulcer

**51. Patient has HTN come with pulsatile abdomen swelling:**
a) Aortic aneurysm
b) renal cause

**52. All can complicate excision of abdominal aortic aneurysm, EXCEPT:**
a) Paraplegia
b) Renal failure
c) Hepatic failure
d) Leg ischemia

**53. The most common sign for the aortic aneurysm is the**
a) Erythema nodosum

- **Before rupture, an AAA may present as a large, pulsatile mass above the umbilicus. A bruit may be heard from the turbulent flow in a severe atherosclerotic aneurysm or if thrombosis occurs. Unfortunately, however, rupture is usually the first hint of AAA.**
- **Once an aneurysm has ruptured, it presents with a classic pain, hypotension and mass triad.**

**54. Patient presented with severe epigastric pain radiating to the back. He has past history of repeated epigastric pain. In Social history drinking alcohol. What's the most likely diagnosis?**
a) MI
b) Perforated chronic peptic ulcer

**55. The most accurate tool for diagnosis of appendicitis:**
a) US
b) Diagnostic laparoscopy
c) CT scan

**56. patient with peptic ulcer using antacid, presented with forceful vomiting that contains food particle:**
a) Gastric outlet obstruction

**57. 8 months old baby presented with history of recurrent crying with on & off jelly stool. The diagnosis is:**
a) Intussusceptions
b) Intestinal obstruction
c) Mickle's diverticulum
d) Strangulated hernia

**58. Paraplegia patient with ulcer in lower back 2+2 cm and lose of dermis and epidermis these ulcer in stage**
a) I
b) II
c) III
d) IV

**59. Patient with bed sore involve skin and extend to fascia what a Grade?**
a) Grade1
b) Grade 2
c) Grade 3
d) Grade 4

| Stage | Description |
|---|---|
| I | Skin intact but with non-blanchable redness for >1 hour after relief of pressure. |
| II | Blister or other break in the dermis with partial thickness loss of dermis, with or without infection. |
| III | Full thickness tissue loss. Subcutaneous fat may be visible; destruction extends into muscle with or without infection. Undermining and tunneling may be present. |
| IV | Full thickness skin loss with involvement of bone, tendon, or joint, with or without infection. Often includes undermining and tunneling. |
| Unstageable | Full thickness tissue loss in which the base of the ulcer is covered by slough and/or eschar in the wound bed. |

**60. Old male bedridden with ulcer in his buttock 2 *3 cm ; involve muscle Which is stage : pressure ulcer**
a) 1
b) 2
c) 3
d) 4

**61. A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:**
a) Chronic cholecystitis
b) Common bile duct stone
c) Carcinoma of the head of pancreas
d) Gallbladder stone
e) Hydrocele of the gallbladder

**62. 48 year old woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:**
a) Acute cholecystitis
b) Acute appendicitis
c) Perforated peptic ulcer
d) Acute pancreatitis

**63. Which of the following indicate large uncomplicated pneumothorax?**
a) Symmetrical chest movement.
b) Increase breath sound
c) Dull *percussion* note.
d) Tracheal deviation
e) Cracking sound with each heart beat

**64. Male singer with colon cancer stage B2: which of the following correct?**

a) No lymph node metastases
b) One lymph node metastasis
c) Two lymph node metastasis
d) Lymph node metastasis + distant metastasis

| **Stage 0** | **Tis N0 M0** | **Tis: Tumor confined to mucosa; cancer-*in-situ*** |
|---|---|---|
| **Stage I** | T1 N0 M0 | T1: Tumor invades submucosa |
| **Stage I** | T2 N0 M0 | T2: Tumor invades muscularispropria |
| **Stage II-A** | T3 N0 M0 | T3: Tumor invades subserosa or beyond (without other organs involved) |
| **Stage II-B** | T4 N0 M0 | T4: Tumor invades adjacent organs or perforates the visceral peritoneum |
| **Stage III-A** | T1-2 N1 M0 | N1: Metastasis to 1 to 3 regional lymph nodes. T1 or T2. |
| **Stage III-B** | T3-4 N1 M0 | N1: Metastasis to 1 to 3 regional lymph nodes. T3 or T4. |
| **Stage III-C** | any T, N2 M0 | N2: Metastasis to 4 or more regional lymph nodes. Any T. |
| **Stage IV** | any T, any N, M1 | M1: Distant metastases present. Any T, any N. |

**65. Colon cancer with stage 3 give the chemotherapy:**

a) As soon as possible
b) After psychological prepare
c) After 1 week

**66. Colon cancer stage 1 prognosis**

a) More than 90%
b) 70%
c) 40%

**67. Surgery in C3 colon cancer :**

a) Curative
b) Palliative
c) Diagnostic

**68. Patient had colectomy, colonoscopy follow up should be done at**

a) 3 months
b) 6 months
c) 9 months
d) 12 months

**69. Patient do colectomy for colon cancer routine follow up every**

a) 6 months
b) 3 months
c) 9 months
d) 1 years

**70. Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer?**

a) Zinc
b) Vitamin E
c) Vitamin C
d) Folic acid

- **Folic acid and vitamin C both are prevent colon cancer, but folat reduce risk in people who genetic predisposing**

**71. Which vitamin has a protective effect against colon cancer**

a) vitamin K
b) vitamin D
c) Folic acid
d) **Vitamin C**

**72. Elderly male patient underwent colectomy for colon cancer in which micrometastais was detected in the lymph nodes, what is the best explanation?**

a) Good prognosis.
b) Liver metastasis.
c) **It is sensitive to chemotherapy. (Dukes class C cancer best for chemotherapy)**
d) It is locally advanced.

**73. High risk for developing colon cancer in young male is:**

a) Smoking, high alcohol intake, low fat diet
b) Smoking, low alcohol intake, high fat diet
c) **Red meat diet, garden's disease (Gardner syndrome)**
d) Inactivity, smoking

**74. Right colon cancer, all true except:**

a) Profound anemia
b) Occult blood
c) **Dyspeptic symptoms**
d) Melena
e) Right lower quadrant mass

**75. Risk factors for colon cancer include all of the following *except***

a) History of breast cancer
b) Asian descent
c) Inflammatory bowel disease
d) Peutz-Jeghers syndrome
e) **Prior hyperplastic polyps**

- **Most hyperplastic polyps are small and are found on the left side of the colon and are not associated with an increased risk of colon cancer.**

**76. High risk factor of colorectal carcinoma?**

a) **Familial adenomatous polyposis (FAP)**

**77. 57 years old, smoker for 28 years presented with bleeding per rectum & positive guaiac test, also he has Iron deficiency anemia, what is the diagnosis?**

a) **Colon CA**
b) IDA

**78. All the followings are indications for chest tube in pneumothorax patients except:**

a) Positive pressure ventilation
b) Bilateral
c) Trauma
d) **Marfan Syndrome**
e) COPD patients

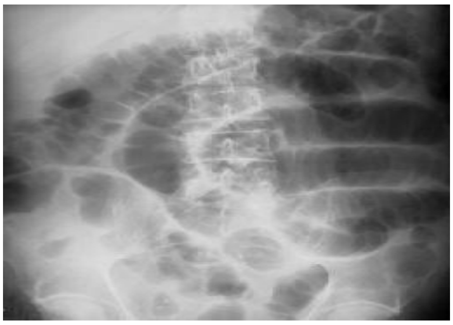
**79. 27 years old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective treatment?**
a) Physiotherapy
b) NSAID
c) Surgery

**80. Thyroid cancer associated with:**
a) Euthyroid
b) hyperthyroidism
c) hypothyroidism
d) Graves' disease

**81. Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:**
a) Deep to retromandibular vein
b) Deep to internal carotid artery
c) Superficial to retromandibular vein and external carotid artery
d) Deep to ext. carotid artery
e) Between ext. carotid artery and retromandibular vessels

- **It is the most lateral structure within parotid gland**

**82. Old patient with positive occult blood in stool what you will do next :**
a) flexible sigmoidoscopy
b) Colonoscopy



**83. Constipation, he had previous abdominal surgery in the past. This is his AXR:**
a) surgery for obstruction
b) Rectal decompression
c) Treatment of ileus

**84. 70 years old patient presented with weight loss , fatigue , anemia , upper quadrant pain :**
a) Acute pancreatitis
b) Chronic pancreatitis
c) Pancreatic carcinoma

**85. Old male patient, smoker, alcoholic, fatigue, debilitated, back abdominal pain (scenario didn't mention to jaundice or lab findings), what is the diagnosis?**
a) Acute pancreatitis
b) Chronic pancreatitis
c) Pancreatic Carcinoma
d) Insulinoma

**86. Patient with episodes of pain started in the mid left abdomen radiate to the back no nausea vomiting or diarrhea not relieved by antacid not related to meal on Ex: non remarkable….dx:**
a) Chronic pancreatitis
b) Duodenal ulcer
c) Gastric ulcer
d) Mesenteric thrombosis

**87. Patient with upper abdominal pain, nausea, vomiting ,with back pain, he is smoker for long time daily, fecal fat was +ve**
a) acute pancreatitis
b) **Chronic pancreatitis**
c) pancreatic CA

**88. Patient having epigastric pain radiate to the back increase with lying and decrease with stranding, fever tachycardia. It is typical with acute pancreatitis, what is the next diagnostic step?**
a) abdominal CT
b) abdominal X-ray
c) ERCP
d) **serum amylase and lipase**

**89. What is the most common serious complication of acute pancreatitis?**
a) Abscess
b) **Pseudocyst**
c) Bowel obstruction

**90. 40 years old male drug addicted and alcoholic of 25 years duration admitted with a 12-Ib weight loss and upper abdominal pain of three weeks duration. Examination reveals a mass in the epigastrium. His temperature is 99F and white cell count is 14,000.The most likely diagnosis is :**
a) **Pancreatic pseudocyst**
b) Sub-hepatic abscess
c) Biliary pancreatitis
d) Hepatic abscess
e) Splenic vein thrombosis

**91. In acute pancreatitis the chief adverse factor is:**
a) Hypercalcaemia (> 12 mg/dl)
b) Age above 40 years
c) Hypoxia.
d) Hyperamylasemia (> 600 units)
e) **Gallstones**

**92. 60 years old male diagnose to have acute pancreatitis, what is the appropriate nutrition?**
a) TPN
b) Regular diet with low sugar
c) High protein ,high ca , low sugar
d) **Naso-jujenal tube**

**93. Pancreatitis**:
a) **Increase by lying down**

**94. Patient with right upper quadrant pain, nausea and vomiting, pain radiating to back. on examination Grey-Turner's sign and Cullen's sign, what is the diagnosis?**
a) **Acute pancreatitis**
b) Acute chlocystitis

**95. Patient with terminal ovary cancer after surgery radiology found clamp in her abdomen:**
a) Don't inform her because she is terminal
b) **Inform her and refer her surgery**

**96. 43 year old sustained traumas to the chest present with severe short of breath with cyanosis, his right lung is silent with hyper-resonance. The FIRST step to treat this patient:**
a) O2 mask
b) endotracheal tube
c) pneomonectomy
d) **chest tube for drainage "tube thoracostomy"**
e) series x-ray

**97. 22 years old with sudden SOB and trachea deviates , the next step is :**
a) **Needle decompression in the 2nd intercostal space mid-clavicular line**
b) Needle decompression in the 2nd intercostal space anterior-axillary line
c) Needle decompression in the 5th intercostal space mid-axillary line
d) Needle decompression in the 5th intercostal space anterior-axillary line

**98. Male patient presented with gunshot to Right side of chest, vitally tachycardic BP 70/40 on exam reduce breath sound on Right with distended neck veins and shift of trachea to Lt side**
a) **Large needle on $2^{nd}$ intercostal space at midclav line**
b) Chest tube on $5^{th}$ at midaxillary

**99. Patient involved in RTA and membranous urethral disruption, what is the management?**
a) **Suprpubic catheter**
b) Pubic repair
c) trans urethral
d) catheter
e) abdominal repair

- **Suprapubic catheter with delay repair**

**100. Female patient presented with tender red swelling in the axilla with history of repeated black head and large pore skin in same area: treatment is**
a) **Immediate surgery**
b) Topical antibiotic
c) Cold compressor
d) Oral antibiotic

**101. Case of acute cholecystitis, what will do next?**
a) **Ultrasound**

**102. female patient victim of RTA, she has bilateral femur fracture >>>like this scenario , systolic blood pressure 70 >>>what will you do:**
a) **IV fluid**
b) blood transfusion

- **the correct answer is to start IVF until blood is ready start blood , so depend on the scenario**

**103. Patient with testicular mass non tender and growing on daily basis. On examination epididymis was normal, what you will do?**
a) Refer pt to do open biopsy or percutaneous biopsy
b) **Refer him to do US and surgical opening**

- **Do US and see maybe its hydrocele of hernia**

**104. Mass in the upper back with punctum and releasing white frothy material**

a) It's likely to be infected and antibiotic must be given before anything
b) Steroid will decrease its size
c) It can be treated with cryotherapy
d) **It must be removed as a whole to keep the dermis intact**

**105. Best diagnostic tool in acute diverticulitis:**

a) **CT**
b) Barium enema
c) colonoscopy
d) sigmoidoscopy

**106. 50 years old male complained of right iliac fossa dull aching pain. Exam showed that he had right iliac fossa mass with positive cough impulse. The examining doctor found a bluish tinge on the mass surface & the percussion tab was positive. The most likely diagnosis is :**

a) **Right inguinal hernia**
b) Right femoral hernia
c) Right vaginal Hydrocele
d) Cyst of morgagni
e) Saphenavarix

**107. Young male at 20th with groin swelling bulge with lifting heavy things, no symptoms of obstruct on exam has right inguinal hernia**

a) Hernia has no risks at all
b) Refer for urgent surgery
c) **Refer for elective surgery**

**108. A 30 year old man presented with feeling of heaviness in the lower abdomen. On examination he had a small bulge palpable at the top of the scrotum that was reducible & increases with valsalva maneuver. The most likely diagnosis is:**

a) **Indirect inguinal hernia**
b) Direct inguinal hernia
c) Femoral hernia
d) Hydrocele
e) Varicocele

**109. 24 year old patient with asymptomatic congenital inguinal hernia:**

a) Immediate surgery
b) Surgery indicated when he is >35 y
c) **Elective surgery if it is reducible**

**110. Indirect inguinal hernia in relation to cord (lateral to inferior epigasrtic vein)**

a) **Antero lateral (superior lateral )**
b) Posterior superior
c) Lateral superior
d) Lateral inferior

**111. Indirect inguinal hernia, all are true EXCEPT:**

a) **You can get above it.**

**112. Regarding strangulated inguinal hernia these statements are correct except:**
a) more common in males than female
b) always present with tenderness
c) always present with absent impulse with cough
d) **always present with obstructed gut**
e) always present with tense swelling

**113. Old man with generalized abdominal pain T:38.2, absent bowel sound , X-ray: dilated small bowel and part of the transverse colon , no fluid level**
a) **Pancreatitis**
b) perforated peptic ulcer
c) Bacterial colitis
d) intestinal obstruction

**114. Gun shot in the hand in the triceps, wound sutured, later on there was swelling and pain, wound opened to find discharge, gram stain showed gram positive in chains**
a) Streptococcus pneumonia gangrene
b) Staph gangrene
c) **Group A beta hemolytic streptococcus gangrene**
d) Clostridia gangrene
e) Synergetic gangrene

**115. Old male with abdominal pain, nausea, WBC 7. What is true about appendicitis in elderly?**
a) CT not useful for diagnosis
b) WBC is often normal
c) **Rupture is common**
d) If there is no fever the diagnosis of appendicitis is unlikely
e) Anemia is common

**116. 17 years old adolescent, athletic ,with history of Right foot pain planter surface, diagnosis is:**
a) **Planter fasciitis**

- **Planter fasciitis (heel spur syndrome)**

**117. case scenario (patient present planter fasciitis) Treatment:**
a) **Corticosteroid injection**
b) Silicon

**118. Appendicitis most diagnostic:**
a) Fever
b) Diarrhea
c) Urinary symptoms
d) Leukocytosis
e) **Tender right lower quadrant with rebound**

**119. The following is true in suspected acute appendicitis in a 70 years old person:**
a) Perforation is less likely than usual (perforation is more common in elderly)
b) Rigidity is more marked than usual
c) Abdominal X-ray is not useful
d) Outlook is relatively good (the prognosis is very bad in elderly
e) **Intestinal obstruction may be mimicked**

**120. all of the following suggest acute appendicitis except:-**

a) fever 38.1
b) anorexia
c) vomiting
d) umbilical pain shifting to right LQ
e) **Pain improved with sitting & learning foreword**

**121. 17 years old boy presents with pain over the umbilicus 10 hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:**

a) Mesenteric adenitis.
b) **Acute appendicitis**
c) Torsion of the testis
d) Cystitis
e) Ureteric colic.

**122. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:**

a) The white blood count.
b) The patient's temperature.
c) **The white blood cell differential.**
d) The sedimentation rate.
e) The eosinophil count.

**123. Case he mention positive obturator and psoas sign :**

a) **Appendicitis**
b) Acute cholcysitits

**124. In the appendicitis the histology is:**

a) **leukocyte in muscle**
b) layer lymphoid
c) tumour
d) plasma cell

- Gross images shows: **exudate and hyperemia; opened with fecalith**.
- Micro: **mucosal ulceration; minimal (if early) to dense neutrophils in muscularispropria with necrosis, congestion, perivascular neutrophilic infiltrate. Late - absent mucosa, necrotic wall, prominent fibrosis, granulation tissue, marked chronic inflammatory infiltrate in wall, thrombosed vessels.**

**125. Useful finding in acute appendicitis:**

a) Age
b) **WBC more than 14.000**

**126. Acute appendicitis in children all false except:**

a) leukocytosis is diagnostic
b) rarely perforated if it is not well treated
c) can cause intestinal obstruction
d) need ABC before surgery for every child

**127. Complication of appendicitis**

a) Small bowel obstruction
b) **Ileus paralytic**

**128. Which of the following medication can be used as prophylaxis in appendectomy?**

a) Cephalexin"1st generation cephalosporin"
b) Ceftriaxone"3rd generation cephalosporin"
c) **Metronidazole**
d) Vancomycin
e) Ampicillin

- **Prophylaxis in appendectomy:**
    1) Cefoxitin "2nd generation cephalosporin"
    2) Cefotetan "2nd generation cephalosporin"
    3) Unasyn "ampicillin &sulbactam"
    4) Ciprofloxacin & metronidazole

**129. The peak incidence of acute appendicitis is between:**

a) One and two years.
b) Two and five years.
c) Six and 11 years.
d) **12 and 18 years.**
e) 19 and 25 years.

**130. Acute appendicitis:**

a) Occurs equally among men and women.
b) With perforation will show fecoliths in 10% of cases
c) Without perforation will show fecoliths in fewer than 2% of cases
d) **Has decreased in frequency during the past 20 years.**
e) Presents with vomiting in 25% of cases.

- **In the last few years, the incidence and mortality rate of this illness has markedly decreased.**

**131. The mortality rate from acute appendicitis in the general population is:**

a) 4 per 100
b) **4 per 1000**
c) 4 per 10000
d) 4 per 100000
e) 4 per 1000000

**132. Patient with retro-sternal chest pain , barium swallow show corkscrew appearance**

a) Achalasia
b) GERD
c) **Diffuse esophageal spasm**

**133. young male has a painless mass in the testis that is increasing with time what is your advice:**

a) **US and consult surgeon**

**134. Patients presenting with acute cholecystitis are best treated by cholecystectomy at which time interval after admission?**

a) 4 hours
b) **48 hours**
c) 8 days
d) 10 days
e) 14 days

**135. Which drug is contraindicated in Acute cholecystitis :**

a) Naproxen
b) Acetaminophen
c) **Morphine**

**136. Which one of the following is true of Acalculouscholecystitis?**

a) It is usually associated with stones in the common bile duct.
b) It occurs in less than 1% of cases of cholecystitis
c) It has a more favorable prognosis than calculouscholecystitis.
d) **It occurs after trauma or operation**
e) HIDA scan shows filling gallbladder

**137. Young adult presented with painless penile ulcer rolled edges, what next to do :**

a) CBC
b) **Dark field microscopy**
c) culturing

**138. Patient has long history of constipation. He presented with pain during and after defecation relieved after 30 minutes. It's also associated with bleeding after defecation. O/E: he has painful PR. Most likely diagnosis:**

a) External thrombosed piles
b) **Anal fissure**
c) Fistula in ano

**139. About hemorrhoid:**

a) Internal hemorrhoid is painless unless associated with prolapse
b) **More in people more than 50 years & pregnant ladies**

**140. Hemorrhoid usually occurs in:**

a) **Pregnancy and portal HTN**

**141. About patient with internal hemorrhoid never get prolapsed never felt pain and never get thrombosed what is your management?**

a) **Increase fiber diet**
b) Give laxative
c) Do hemorroidectomy

**142. 56 years old complaining of PR bleeding O/E external hemorrhoid " management:**

a) Excision
b) Send the patient to home & follow up
c) Observation for 6 months
d) **Rigid sigmoidoscopy if normal excise it**

- **The ideal investigation to be done in this situation is colonoscopy but of these choices segmoidoscopy is the most appropriate.**

**143. hemorrhoid what true**

a) **Pregnancy, palpable meanly internal**

**144. The most common cause on chronic interrupted rectal bleeding is:**

a) Diverticulosis
b) **Hemorrhoids**

**145. 42 years old male come to you complaining of discomfort in anal area, constriction of anal sphincter, spots of fresh bright red blood after defecation , blood staining on toilet paper after using it you will suspect :**

a) Hemorrhoids
b) **anal fissure**

**146. Fourth degree hemorrhoids, Management is:**

a) **Hemoridectomy (IV)**
b) band ligation (III)
c) sclerotherapy (II)
d) Fiber diet (I)

**147. Old female with hemorrhoids for 10 years, no complication, your action?**

a) observe
b) surgery
c) **increase fiber diet**

**148. Painful pile**

a) **Excision drainage**
b) Sitz bath and steroid supp
c) antibiotic
d) Fiber food and analgesics

**149. 55 years old presented with bleeding. On examination found to have external hemorrhoids. One is true:**

a) Advice for removal of these hemorrhoids.
b) **Do rigid sigmoidoscopy**
c) Ask him to go home & visit after 6 months.
d) Do barium enema.

**150. Which of the following is true concerning hemorrhoids? They are:**

a) Usually due to cirrhosis.
b) Attributed to branches of superior hemorrhoidal artery
c) Due to high bulk diet.
d) **A source of pain and purities.**
e) Usually associated with anemia.

**151. Patient with acute perianal pain since 2 days with black mass 2*3 pain increase with defecation Rx:**

a) **Evacuation under local anesthesia**

**152. Patient with perianal pain, examination showed tender ,erythematous, fluctuant area ,treatment is**

a) **Incision and drainage**
b) Antibiotic + sitz bath

**153. 1 liter fluid deficit equals**

a) **1 kg**

**154. Male worker fall from 3rd floor to ground , the 1st step :**

a) **Maintains airway**
b) give O2

**155. 17 years with SCA and stone in CBD, ERCP done and US shows 9 stones in GB largest one 2 cm :**

a) **Cholecystectomy**

**156. Young male healthy, come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step?**

a) CT
b) MRI
c) US
d) Iodine study

**157. Patient presented with pulsated abdominal mass the first do?**

a) US
b) MRI

**158. picture of neck swelling, moving with deglutition**

a) Colloid goiter
b) Thyroglossalcyst

- **However both move with deglutition but in picture its more likely goiter**

**159. Facial suture, when should it be removed:**

a) U should use absorbable suture
b) 3 to 5 Days
c) 2 weeks

- **The ideal is between 4-7 days.**

**160. Diffuse abdominal pain "in wave like" and vomiting. The diagnosis is:**

a) Pancreatitis
b) Appendicitis
c) Bowel obstruction
d) Cholelithiasis

**161. Patient has acute respiratory distress syndrome presented with tension pneumothorax the most likely cause**

a) Central line catheter
b) Lung damage
c) Much O2

**162. Cost effective to decrease incidence of getting DVT post op ;**

a) LM heparin
b) Unfractionated heparin
c) Warfarin
d) ASA

**163. old patient complaining of fever, abdominal pain and no bowel movement for 3-5 days, now he came with gush of stool and PR reveals stool mixed with blood….next thing u will do**

a) Colonoscopy

**164. anal fissure more than 10 days, which is true**

a) Loss bowel motion
b) Conservative management
c) Site of it at 12 o'clock

**165. 45 year old female come to the ER complaining of right hypochondrial pain which increases with respiration , on Ex there is tenderness over the right hypochondrium, Next investigation is**
a) X-ray
b) US of upper abdomen
c) CT

**166. Patient with long history of UC on endoscopes see polyp and cancer lesion on left colon so ttt**
a) treatment of anemia
b) Left hemicolectomy
c) total colectomy
d) remove polyp

**167. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:**
a) ERCP
b) US

**168. patient old male with RLQ fullness with weight loss not constant bowel habit anemic pale Ix:**
a) Colonoscopy

**169. Female patient is complaining of abdominal distension, fever and nausea abdominal x-ray showed "Ladder sign" management is:**
a) Colostomy
b) Ileus treatment
c) Rectal de-obstruction
d) exploratory laparoscopy

**170. Patient came with neck swelling; moves when patient protrude his tongue. Diagnosis is:**
a) Goiter
b) Thyroglossal Cyst
c) Cystic Hygroma

**171. Patient complain of right iliac fossa mass so diagnosis:**
a) Diverticulitis
b) Appendicitis
c) Chron's disease

**172. patient with heart disease complain of lower limb ischemia your advice**
a) Referred to cardiology
b) Vascular surgery
c) Start heparin

**173. Old patient with of IHD complain for 2 month of redness in lower leg and plus diminished in dorsalis pedis these redness increase in dependent position and limp is cold and no swelling ,diagnosis is**
a) Arterial insufficiency
b) Thrombophlebitis
c) cellulites

**174. Patient has history of adult respiratory distress syndrome develop pneumothorax what is the cause?**
a) Positive ventilation pressure
b) O2

**175. 17 year complaining of right iliac fossa pain rebound tenderness +ve guarding what is the Ix that u will do?**

a) **Laparoscopy**
b) ultrasound
c) CT scan

**176. Patient has car accident which of the following trauma will happen to him?**

a) Tamponade of the heart
b) flail chest
c) pneumothorax
d) **all of the above**

**177. young male patient present to ER due to RTA with poly-trauma, the beast way to maintains airway in responsive poly trauma patient is ;**

a) Oropharyngeal airway
b) **Nasopharyngeal airway**
c) Tracheostomy
d) Endotracheal intubation

**178. Child sustained blunt Trauma to the abdomen imaging revealed hematoma pooling onto the Duodenum manage this patient:- (No vitals were given to asses patient's status and stability.**

a) Ct guided evacuation of Hematoma
b) Explorative laparotomy and evacuation of hematoma
c) **Observation**

**179. Patient came with trauma of the chest; on inspection you found one segment withdrawn inside in inspiration and go outside during expiration, what you suspect?**

a) **Flail chest**

- **Treatment: O2, narcotic analgesia. Respiratory support, including intubation and mechanical ventilation**

**180. Patient with right upper quadrant pain, fever, sweating, on examination tender Hepatomegaly, the investigation shows positive amoeba: what is your diagnosis?**

a) Pyogenic liver abscess
b) **Amoebic liver abscess.**

**181. Diabetic patient go for hernia surgery how to give insulin dose**

a) one dose at morning one on raising
b) omit the both dose
c) as previous schedule
d) **sliding scale**

**182. DM patient went an elective surgery for hernia, he is fasting form midnight, concerning his insulin you will give him:**

a) half dose of morning dose
b) half dose of morning and half dose of midnight
c) usual insulin dose
d) **you will let him omit the scheduled surgery dose**

- **will be on sliding scale in RBS level within normal then omit the dose**

**183. Surgical wound secrete a lot of discharge and u can see the internal organ through the wound**
a) **Wound dehiscence**
b) Clostridium infection

**184. Young patient feel lump in throat**
a) esophageal cancer IF SEEN
b) **Esophageal diverticulum→if there is bad smell**

**185. Barrett's esophagus best management to do**
a) **Serial endoscopies with biopsies**



**186. Which one of this can help in management?**
a) ships biopsy
b) **Compression and elevate the leg (venous ulcer)**
c) Topical steroids

**187. Case scenario, patient present with intestinal obstruction, Investigation to be done:**
a) **X-ray supine & erect position.**
b) c-scan

**188. Multiple ulcers on the medial aspect of the leg with redness and tenderness around it are most likely:**
a) **Venous ulcers.**
b) Ischemic ulcers.
c) Carcinoma.

**189. Patient with 10 years history of GERD that didn't relieved with antacid, EGD done & showed Barrett's esophagus & biopsy showed low grade dysplasia, management:**
a) **Repeated EGD & biopsy**
b) Esophageal resection.
c) fundoplication

**190. Patient was taking anti acid medications becomes more worsening pain especially when he getting lying down, what is your diagnosis?**
a) **GERD**

**191. Diabetic, smoker comes with cold foot**
a) **Leg Ischemia**

**192. How to manage mechanical intestinal obstruction?**
a) Enema
b) IV stimulant
c) laxative
d) Emergency surgery
e) **NGT decompression**

**193. Patient was presented by constipation, vomiting, abdominal distension, with old scar in the lower abdomen; X ray showed dilated loops with air in the rectum, what is the best initial management?**
a) **NGT decompression and IV line.**
b) Rectal decompression and antibiotics.
c) Suppositories.

**194. intestinal obstruction, all true except:**
a) **Increase temperature and pulse with localize rigidity and tenderness**

**195. patient presented with abdominal pain & constipation, history of intestinal surgery for volvulus, investigation of choice:**
a) Enema.
b) Barium meal.
c) **Intestinal follow-through.**

**196. when the wound clean**
a) **Scar formation**

**197. The wound will heal when:**
a) become sterile
b) **Formation of epithelium**

**198. After inflammatory phase of wound, there will be wound healing by:**
a) If the wound is clean
b) Angiogenesis
c) **Epithelial tissue**
d) Scar formation

**199. Vitamin C deficiency cause delay wound healing by:**
a) **Decrease collagen**

**200. What is the role of vitamin C in wound healing?**
a) **Collagen synthesis**

**201. A wound stays in its primary inflammation until**
a) Escher formation
b) Epitheliazation
c) after 24 hours
d) **Wound cleaning**

**202. Regarding drainage of the abscess one of the following is true:**
a) **carbuncle and furuncle need drainage**
b) usually give ceftriaxone and penicillin post drainage

- **Furncle** is a staphylococcal infection of a hair follicle or sebaceous gland with perifolliculitis, which usually proceeds to suppuration and central necrosis, treatment → subsides without suppuration
- **Furunulosis**: Multiple recurrent boils may occur in hairy areas, treatment → antibiotic
- **Carbuncle** is an infective gangrene of the subcutaneous tissues caused by Staphylococcus aureus. It is especially common with diabetes, nephritis and malnutrition

**203. patient sustained abdominal trauma and was suspect intra-peritoneal bleeding, the most important diagnostic test :**
a) **CT scan "if the patient stable"**
b) Diagnostic peritoneal lavage DPL

**204. Related to blunt abdominal trauma-?**
a) **Visceral injury**

**205. Peritoneal lavage in trauma patient :**

a) **100000 RBCs.**
b) 2 ml gross blood.
c) 2 ml in pregnant lady.
d) DPL is useful for patients who are in shock and when FAST capability is not available

- **Indicators of positive DPL:**
    1) 10ml of blood or enteric contents (stool, food, etc.)
    2) More than 100,000 RBCs/mm3
    3) More than 500 WBCs/mm3
    4) Amylase more than 175 IU
    5) Detection of bile, bacteria or food fibers.

**206. In abdominal trauma, all true except:**

a) Spleen is the common damaged organ
b) Badly injured spleen need splenectomy
c) **Abdominal lavage (DPL) often exclude abdominal hemorrhage**
d) Abdominal examination often accurate to localize the site of trauma

**207. A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80 and RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step?**

a) FAST Ultrasound
b) DPL (Diagnostic peritoneal lavage)
c) Explore the wound
d) Arrange for a CT Scan
e) **Exploratory laparotomy**

**208. What is necessary condition to do abdominal lavage in RTA?**

a) **comatose patient with hypotension**
b) conscious patient with severe abdominal pain
c) patient with pelvic fracture

**209. Most commonly affected organ in blunt abdominal trauma is:**

a) Liver
b) **Spleen**
c) Kidney
d) Intestine

**210. Patient came to ER with closed head injury and loss of consciousness , first step to do :**

a) Asses his GCS
b) **Asses airway**

**211. Thyroid nodule , best investigation :**

a) **Fine needle biopsy**
b) Ultrasound
c) Uptake

**212. Known alcoholic chronic for long time, present with lymph node in mid cervical, your action:**

a) Laryngoscope
b) excisional biopsy
c) **needle biopsy**

- **lymphoma, thus needle biopsy is needed if confirmed ==> excisional**

**213. Patient with high output fistula, for which TPN was ordered a few weeks, 2 unit of blood given and after 2 hours, the patient became comatose and unresponsive, what is the most likely cause:**
a) Septic shock
b) **Electrolytes imbalance**
c) Delayed response of blood mismatch
d) Hypoglycemia
e) Hypernatremia

**214. Central venous line for TPN, dr. order to give 2 units of packed RBCs and the nurse give it through CVL, after 2 hours patient become unconscious and comatose. What is the most common cause:**
a) Late complication of blood transfusion.
b) **Electrolytes imbalance.**
c) Hyponatremia.
d) Septic shock
e) Wrong cross match

**215. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness Dx**
a) Diverticulitis
b) Colon cancer
c) **Obstruction**

**216. 2 month infant with vomiting after each meal, he is in 50 centile ,He passed meconium early and stool , diagnosis is:**
a) **Midgut volvulus**
b) Meconium ileus
c) Hirschsprung disease

**217. Newborn baby with umbilical hernia what you will say to his family?**
a) **Reassurance that commonly will resolved in year of life**
b) Surgical management is needed urgently
c) Surgical management is needed before school age
d) Give appointment after 1 month

**218. Pathological result from thyroid tissue showed papillary carcinoma, the next step:**
a) **Surgical removal**
b) Apply radioactive I131
c) Give antithyroid drug
d) Follow up the patient

**219. Which of the following suggest that thyroid nodule is benign rather that malignant?**
a) History of childhood head and neck radiation
b) Hard consistency
c) Lymphadenopathy
d) **Presence of multiple nodules**

**220. A 48 years old man complaining of right lower quadrant pain, bleeding per rectum, nausea & vomiting. What is the best pre-operative investigation?**
a) Air contrast enema
b) Fecal occult blood
c) CBC
d) **Colonoscopy**

**221. 6 months baby with undescending testis which is true:**

a) Tell the mother that he need surgery
b) in most of the cases spontaneous descent after 1 year
c) surgery indicated when he is 4 years
d) unlikely to become malignant

**222. Undescended testes**

a) surgery 6-18m

**223. Initial management for Frostbite patient:**

a) Debridement
b) beta blocker
c) corticosteroid
d) Immersion in 40 C.

**224. What is the diagnosis?**

a) Viral Warts



**225. The causative organism of pseudomembranous colitis is:**

a) Clostridium difficile

**226. Common site of anal fissure is :**

a) Anterior
b) Posterior
c) Lateral

**227. Patient is complaining of 10 days anal fissure:**

a) Conservative management
b) So deep reaching the sphincter
c) At site of 12:00
d) Associated with loose bowel motion

**228. 40 years female with BMI >28, what is your management?**

a) Reduce calorie intake to 800 /day
b) In general reduce calorie intake

**229. 50 years old patient come with history of weight loss, palpitation, cold preference and firm neck swelling, the diagnosis is:**

a) Simple goiter.
b) Diffuse toxic goiter (gravis disease).
c) Toxic nodular goiter.
d) Parathyroid adenoma.
e) Thyroiditis.

**230. true about gastric lavage:**

a) Safer than induce vomiting in semi-conscious pt
b) Patient should be in lateral position when you want to do it
c) Useless if ASA was ingested >8 hrs
d) indicated with paraffin oil

**231. 58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :**
a) CT of brain.
b) CT of trachea.
c) Fine needle aspiration biopsy.
d) **Excisional biopsy.**
e) Indirect laryngoscopy.

**232. 20 years old male presented with stabbed wound in the abdomen. The most appropriate statement:**
a) **Should be explored**
b) Observation as long as vital signs are stable
c) Exploration depends on peritoneal lavage findings.
d) Exploration depends on ultrasound findings.
e) Exploration depends on whether there is peritoneal penetration or not.

**233. Regarding hepatocellular carcinoma (Hepatoma) Which is true:**
a) More common in females
b) The most common cancer in Africa and Asia
c) **Increase risk in chronic liver disease**

**234. A case scenario about a patient who had appendectomy, after that he has abdominal pain and constipation and absent bowel sound, the most likely cause is:**
a) **Ilusparaticus**

**235. Gastrectomy post-op 1 day. He has temperature 38.8 & pulse 112. What is the most common cause?**
a) Wound infection
b) **Inflammatory mediator in the circulation**
c) UTI
d) normal

**236. Old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:**
a) Bartholin cyst
b) Bartholin gland carcinoma
c) **Bartholin abscess**

**237. Healthy female came to your office complain of lesion in her vagina that stared since just 24 h . O/E there is cystic mass lesion non tender measure 3 cm on her labia , what is the most likely diagnosis?**
a) **Bartholin cyst**
b) Vaginal adenosis
c) schic cyst
d) hygroma

- **Bartholin's duct cyst: The most common large cyst of vulva – Caused by inflammatory reaction with scaring and occlusion or by trauma – Asymptomatic, abscess – Marsupialization, excision**
- **Sebaceous cyst: The most common small cyst of vulva – Resulting from inflammatory blockage of sebaceous duct – Excision, heat, incision and drainage**

**238. Hypernatrmia**
a) **slowly correction to prevent cerebral edema**

**239. Woman complains of non-fluctuated tender cyst for the vulva. Came pain in coitus &walking, diagnosed Bartholin cyst what is the treatment?**
a) Incision & drainage
b) Refer to the surgery to excision
c) reassurance the pt
d) give AB

**240. all of the following are signs & symptom of IBD except:-**
a) bleeding per rectum
b) feeling of incomplete defecation
c) Mucus comes with stool
d) Weight Loss
e) Abdominal distention

**241. 27 years old female C/O abdominal pain initially periumbilical then moved to Rt. Lower quadrant … she was C/O anorexia, nausea and vomiting as well, on examination: temp.38c, cough, tenderness in right lower quadrant but no rebound tenderness. Investigations: slight elevation of WBC's otherwise insignificant... The best way of management is:**
a) go to home and come after 24 hours
b) admission and observation
c) further lab investigations
d) start wide spectrum antibiotic
e) Paracetamol

**242. 2 weeks post- anterior posterior repair, a female complain of urine passing PV with micturation. What is the Diagnosis?**
a) Urethrovaginal fistula
b) uretrovaginal fistula
c) vesicovaginal fistula
d) sphincter atony
e) Cystitis.

**243. Patient known case of DM presented to u with diabetic foot ( infection) the antibiotic combination is:**
a) ciprofloxacin &metronidazole

**244. Case scenario patient present with 3 days history of bleeding per rectum , present of pain after defecation , by examination ( mass at 3 o'clock ) :**
**Treatment:**
a) Put a sitz bath 5 times a day.
b) NSAID ointment locally.
c) Ligate the mass then remove it.

**245. 25 years old man has a right inguinal herniorrhaphy and on the second day post-operative he develops excruciating pain over the wound and a thin, foul-smelling discharge. His temperature is 39◦C and his pulse rate is 130/min. A gram stain of the exudate shows numerous gram positive rods with terminal spores. The most important step in management of this patient is:**
a) Massive intravenous doses of penicillin G
b) Administration of clostridia antitoxin
c) Wide surgical debridement
d) Massive doses of chloramphenicol
e) Wide surgical debridement and massive doses of penicillin G

**246. Complication of laparoscopic cholecystectomy all except:**
- a) Bile leak
- b) Persistent pneumoperitonium
- c) Shoulder tip pain
- d) **Ascites**
- e) Supraumbilical Incisional hernia

**247. A 55 years old man presenting with history of streaks of blood in stool and dull pain on defecation that persists for half an hour after defecation, on examination there was a 3x2 cm thrombosed mass at 3 o'clock. What is the management?**
- a) Sitz bath 5 times/ day.
- b) **Application of local anesthetic and incision.**
- c) Application of antibiotic
- d) Band ligation and wait for it to fall
- e) Application of local anesthetic ointment

**248. RTA with hip dislocation and shock so causes of shock is**
- a) **Blood lose**
- b) Neurogenic

**249. The most common site for visceral hemangioma is**
- a) **Liver**

**250. 15 years old with pilonidal sinus so treatment**
- a) Incision surgery
- b) Local antibiotic
- c) **Daily clean**

- **According to the scenario; the initial treatment may involve cleaning and antibiotics, and surgery is the last option.**

**251. An elderly male patient came with bleeding per rectum & abnormal bowel habit. O/E liver span was 20 cm. what is the next step?**
- a) **Colonoscopy**

**252. case of "pilonidal sinus" what is your diagnosis?**
- a) Scrufolederma
- b) Furoncolosis
- c) **Hydradenitis Supurativa**
- d) Fungal Infection

**253. Causes of Dysphagia of food more than liquid are :**
- a) **Carcinoma**
- b) stricture
- c) Plummer vision syndrome = web ( iron deficiency anemia + golssitis )

**254. About head and neck injury**
- a) Hoarseness of voice and Stridor can occur with mid facial injury
- b) Tracheotomies contraindicated
- c) **Facial injury may cause upper air way injures**

**255. What is the percentage of The Benign tumors of the Stomach?**

a) **7%**
b) 20%
c) 77%
d) 90%

**256. The most common cause of non-traumatic subarachnoid hemorrhage:**

a) **Rupture aneurysm**
b) Vessels abnormality
c) Hypertension

**257. 21 years old is involved in a head-on collision as the driver of a motor vehicle. He is noted to be severely tachypneic and hypotensive. His trachea is deviated to the left, with palpable subcutaneous emphysema and poor air entry in the right hemithorax. The most appropriate first treatment procedure should be:**

a) Arterial puncture to measure blood gases.
b) Stat chest x-ray.
c) Intubation and ventilation.
d) **Needle thoracocentesis or tube thoracotomy prior to any investigations.**
e) Immediate tracheostomy.

**258. Patient presented with leg swelling, what is the best method to diagnose DVT?**

a) **venography**
b) Duplex US

**259. origin of pancreatic carcinoma:**

a) **Ductal epithelium**

**260. the most lethal injury to the chest is**

a) pneumothorax
b) **Rupture aorta**
c) flail chest
d) cardiac contusion

**261. What is true about Mallory Weiss tear?**

a) It needs medical intervention
b) needs endoscopy
c) **Resolved spontaneously**

**262. Patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic *for Bacteroides fragilis*, so u will give :**

a) Amoxicillin
b) Erythromycin
c) Doxycycline
d) **Gentamicin**

**263. lethal injury to the chest after motor accident:**

a) puncture lung
b) spontaneous pneumothorax
c) **rupture aorta**
d) flail chest
e) All of the above

**264. in acute abdomen the type of respiration is:**
a) **Rapid and shallow**
b) rapid and deep
c) slow and shallow
d) Slow and deep

**265. 2 tests are most specific in screening of hepatocellular cancer**
a) ct and liver function test
b) **Ultrasound and alpha Fetoprotein**
c) liver biopsy and Alfa Fetoprotein
d) U/S and liver biopsy

**266. 25 year old woman with weight loss, heat intolerance, irritable ….**
a) **Hyperthyroidism**

**267. In which group you will do lower endoscopy for patients with iron deficiency aneamia in with no benign cause:**
a) male all age group
b) children
c) **Premenopausal women**
d) women + OCP

**268. Fracture of rib can cause all except:**
a) pneumothorax
b) Hemothorax
c) **Esophageal injury**
d) Liver injury

**269. Free fluid accumulate in abdominal cavity cause:**
a) **Hypovolemic shock**
b) Cardiogenic shock
c) Sepsis
d) Emesis

**270. Conscious poly trauma patient, what is the action?**
a) **ABC**

**271. Unconscious patient in ER, your action during wait your senior?**
a) **ABC.**

**272. Patient come only with gasping , do**
a) **Intubation**

**273. Mallory Weiss syndrome :**
a) Mostly need surgery
b) **Mostly the bleeding stops spontaneously**
c) Associated with high mortality

**274. Post laparoscopic cholecystectomy patient presented with progressive Jaundice. The most appropriate investigation is:**
a) **ERCP**
b) IV cholangiogram

**275. long case patient with RTA with Blount trauma to abdomen .patient undergo remove of distal small intestine and proximal colon, patient come after 6 month with chronic diarrhea , SOB , sign of anemia , CBC show megaloblastic anemia, What the cause of anemia :**

a) folic acid deficiency
b) Vitamin B12 deficiency
c) Alcohol

**276. Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely , what is your first thing to do :**

a) call orthopedic
b) tourniquet the limb to stop the bleeding
c) check the airway and breathing
d) give IV fluid

**277. Patient hit on his chest; after 2 hours come with BP 100 /70, pulse 120, RR 40, chest x-ray show white lung field in the LT hemithorax, what is your action?**

a) Thoracotomy.

**278. Patient with infective cyst incision & drainage was done, dressing twice daily with gauze & saline. On the 3$^{rd}$day post I& D the patient developed nausea, confusion, hypotension & exfoliate rash on hands & dark brown urine. The most appropriate diagnosis is:**

a) Necrotizing fasciitis
b) Drug reaction
c) Toxic shock syndrome
d) Clostridium difficile

**279. On the 6th day post-operative closure of colostomy, a 52-year old man had a swinging fever and complained of diarrhea. The MOST likely diagnosis**

a) Pelvic abscess

**280. Which of following mostly occur in a patient with intracranial abscess?**

a) Cough
b) Vomiting
c) Ear discharge
d) Frontal sinusitis

**281. Smoker coming with painless mass of lateral side of tongue, what is the diagnosis?**

a) leukoplakia
b) Squamous cell carcinoma

**282. 25 years old female has had a sore left great toe for the past 4 weeks. On examination, the lateral aspect of the left toe is erythematous and puffy, with pus oozing from the corner between the nail and the skin tissue surrounding the nail. This is the first occurrence of this condition in this patient. At this time, what should you do?**

a) Nothing and reassurance.
b) Have the patient soak her toe in saline three times daily.
c) Have the patient apply a local antibiotic cream and prescribe systemic antibiotics to be taken for 7-10 days.
d) Under local anesthesia, remove the whole toenail.
e) Debride the wound.

**283. 28 years old male comes to your office with rectal bleeding and local burning and searing pain in the rectal area. The patient describes a small amount of bright red blood on the toilet paper. The pain is maximal at defecation and following defecation. The burning and searing pain that occurs at defecation is replaced by a spasmodic pain after defecation that lasts approximately 30 minutes. What is the MOST likely diagnosis in this patient?**

a) Adenocarcinoma of the rectum.
b) Squamous cell carcinoma of the rectum.
c) Internal hemorrhoids.
d) Anal fissure.
e) An external thrombosed hemorrhoid.

**284. 40 years old female presented to the clinic with central neck swelling which is moving with swallowing. The mass is hard and the patient gave history of dysphagia. You should:**

a) Request thyroid function tests and follow-up in 2 months.
b) Refer the patient to Gastroenterology for the diagnosis of dysphagia.
c) Admit the patient as a possible cancer thyroid and manage accordingly.
d) Give the patient thyroxin and send her home.
e) If the patient is euthyroid, ask her to come in 6 months.

**285. anorectal abscess, all true except:**

a) first line of Rx is ABC
b) physical sign can be hidden if it is in supra levator space
c) usually originates from intra-sphinctric space
d) usually originates from anal gland infection

- **Anorectal abscess and fistulas (fistula-in-ano) repre- sent different phases of a disease process that usually, in greater than 95% of cases, begins in the anal crypts and glands**

**286. Ischemic leg:**

a) Golden periods 4-16 hrs
b) Nerves are first structure to be damage
c) Angiogram is done in all patient
d) Parasthesia patient are more critical than those with pain

**287. Acute cholangitis, all true except:**

a) E-coli is most common organism
b) Septic shock is most likely complication
c) Jaundice is uncommon
d) ERCP and papillotomy is best treatment

**288. Indicate strangulation**

a) serum amylase could be elevated
b) always require surgery
c) if high obstruction the distension will be absent

**289. The best method for temporary control of bleeding is:**

a) arterial tourniquet
b) venous tourniquet
c) Direct finger pressure
d) adrenaline

**290. Indication of tracheotomy, all true except:**

a) foreign body in larynx
b) **Left recurrent nerve cut**
c) CA larynx
d) In some procedure which involve in radiation exposure
e) None of the above

**291. the most effective monitoring method in pt with acute bleeding is:**

a) HB
b) HCT
c) **Vital sign**
d) Amount of blood loss

**292. 35 years old smoker, on examination sown white patch on the tongue, management:**

a) Antibiotics
b) No treatment
c) Close observation
d) **Excisional biopsy**

**293. 2 years old boy has rectal pain, bleeding with perianal itching and constipation for 3 days, physical examination revealed a perianal erythematous rash which extend 2 cm around the anal ring, most likely Dx:**

a) Anal fissure
b) Rectal polyp
c) Ulcerative colitis
d) **Streptococcal infection**
e) Malacoplakia

- **Perianal streptococcal dermatitis is a bright red, sharply demarcated rash that is caused by group A beta-hemolytic streptococci. Symptoms include perianal rash, itching and rectal pain; blood-streaked stools may also be seen in one third of patients. It primarily occurs in children between six months and 10 years of age and is often misdiagnosed and treated inappropriately. A rapid streptococcal test of suspicious areas can confirm the diagnosis. Routine skin culture is an alternative diagnostic aid. Treatment with amoxicillin or penicillin is effective. Follow-up is necessary, because recurrences are common**

**294. Smoking directly related to which cancer:**

a) Colon
b) Liver
c) **Lung cancer**

**295. Percentage of re-infarction for patient undergoing non-cardiac surgery:**

a) 5%, 3 months after the infarct
b) **15%, 3 months after the infarct**
c) 35%, 3 months after the infarct
d) 5%, 3-6 months after the infarct
e) 35%, 3-6 months after the infarct

**296. Gastric aspiration :**

a) **Cuffed NGT may prevent aspiration**

**297. The inguinal canal is :**

a) shorter in infants than adults
b) just above the medial 2/3 of skin crease
c) roofed by inguinal ligament

**298. Below the inguinal ligament, where is the femoral artery?**

a) Medial
b) Lateral
c) Anterior
d) Posterior

**299. In the inguinal region, the integrity of the abdominal wall requires which of the following structures to be intact:**

a) Transversals fascia
b) Lacunar ligament.
c) Inguinal ligament.
d) Iliopectineal ligament.
e) Femoral sheath.

**300. Complications of colostomy are all the following EXCEPT:**

a) Malabsorption of water
b) Prolapse.
c) Retraction.
d) Obstruction.
e) Excoriation of skin.

**301. Peritonitis**

a) Can be caused by chemical erosions
b) Rigidity caused by paralytic illus
c) Complicated appendectomy by anaerobe organism

**302. In peritonitis:**

a) The patient rolls over with agony (pain)
b) The patient lies still.
c)Pulse rate is decreased.

**303. Young male pt having pain in the abdomen, pain is very severe that patient is in fetal position and not able to straight having sign and symptoms of peritonitis , now first step to investigate is**

a) US
b) CBC with differential
c) X RAY
d) Paracentesis

**304. Stress ulcers can be found in all EXCEPT:**

a) Burns.
b) Aspirin.
c) CNS lesions.
d) Penicillin

**305. In affected index finger, all can be used , EXCEPT:**
- a) rubber tourniquet
- b) xylocaine
- c) **adrenalin**
- d) ring block

**306. Among the causes of Portal HTN, which of these will cause the leaset hepatocellular damage?**
- a) **Schistosomiasis**
- b) Alcoholic cirrhosis
- c) Post necrotic scaring
- d) Cirrhosis duo to chronic active hepatitis

**307. Varicose veins will affect all the following EXCEPT:**
- a) Short saphenous vein.
- b) Long saphenous veins.
- c) **Popliteal vein**
- d) Perforaters.

**308. The following are true regarding laparoscopic cholecystectomy, EXCEPT:**
- a) Commonest complication is wound infection.
- b) **Patient re-admission is frequent**
- c) Pt can be discharged after 1-2 days.

**309. all are complication of laparoscopic cholecystectomy EXCEPT:**
- a) Wound infection is the common complication
- b) **Restlessness rate increases**
- c) Admission duration usually less than 2 days
- d) Early mobilization
- e) Post-op pain

**310. The key pathology in the pathophysiology of venous ulceration is:**
- a) The presence of varicose veins.
- b) **Incompetent valves causing high venous pressure.**
- c) Transudation of serum proteins.
- d) Hemosiderin deposition.
- e) Subcutaneous fibrosis.

**311. Old lady, with 3 days history of perforated peptic ulcer, presented semicomatosed, dehydrated, febrile. The appropriate management:**
- a) NGT with suction , systemic antibiotics and observe
- b) **NGT with suction, blood transfusion ,rehydration, systemicantibiotics and closure of perforation**
- c) Vigotomy and drainage procedure ,NGT with suction
- d) Hemi-gastrectomy
- e) None of the above

**312. Patient came with this picture, no other manifestations “organomegaly or Lymphadenopathy, what is the diagnosis?**



- a) Mononucleosis
- b) **Lymphoma**

**313. Oral swelling in the mouth base:**



a) Ranula

**314. Patient with vomiting & constipation, X-ray abdomen showed 3 lines, air in rectum:**

a) Treat ileus
b) Rectal enema, decompression

**315. Best management of acute cholangitis is**

a) Drain and antibiotic
b) Antibiotic and gastric lavage
c) Drain

**316. Patient with submandibular swelling associated with pain during eating, what is your first investigation?**

a) X-ray
b) MRI
c) CT
d) US

**317. Patient presented to you complaining of left submandibular pain and swelling when eating. O/E, there is enlarged submandibular gland, firm. What is the most likely diagnosis?**

a) Mumps
b) Sjogren's syndrome
c) Hodgkin's lymphoma
d) Salivary calculi

**318. Drug can use alone in preoperative**

a) 3rd generation cephalosporin

**319. What is the sign seen in x-ray that represents duodenal obstruction?**

a) Double bubble sign
b) triple bubble sign
c) bird peak sign

**320. Old patient, right iliac fossa pain, fever for 2 days, diarrhoea, on CT thickness of intestinal wall, what to do?**

a) Urgent surgical referral
b) Antibiotic
c) Barium enema.
d) Colonoscopy.

**321. What symptom came with hiatus hernia?**

a) Morning vomiting
b) anemia
c) increase during pregnancy

**322. Elderly patient with RLQ fullness, weight loss, changed bowel habit, anemic and pale. What is the investigation of choice?**

a) Colonoscopy

**323. The greatest risk of developing chronic hepatitis and cirrhosis occurs after:**
a) Hepatitis A infection.
b) Hepatitis B infection.
c) **Hepatitis C infection.**

**324. Patient underwent abdominal surgery due to intestinal perforation many years back, presented by abdominal pain, distension, constipation, what is the best investigation in this case:**
a) Barium enema.
b) Ultrasound.
c) **Small bowel barium study**

**325. Case scenario patient present with acute symptoms of bloody diarrhea, Diagnosis, acute ulcerative colitis, the initial treatment for this patient :**
a) **corticosteroid therapy**
b) methotrexate
c) Aminosalicylic acid "Not 5-ASA"
d) sulfasalzine"5-ASA"

**326. Female presented with diarrhea for 6 months, she lost some weight, she reported that mostly was bloody , when you preformed sigmoidoscopy you found fragile mucosa with bleeding ,Dx**
a) colon cancer
b) Chron's
c) **Ulcerative colitis**
d) Gastroenteritis

**327. Patient with diarrhea since 5 weeks, PR: occult blood, stool analysis: positive for blood, colonoscopy: involvement from rectum till mid transverse colon, biopsy & crypt abscess without epithelial ulceration dx?**
a) **Crohn's disease**
b) **Ulcerative colitis**

**328. Which of the following is true regarding Crohn's disease:**
a) Partial thickness involvement.
b) **Fistula formation.**
c) Continuous area of inflammation.
d) Mainly involve the recto sigmoid area.

**329. 30 years old man with long history of Crohn's disease. Indication of surgery is:**
a) **internal fistula**
b) external fistula
c) Intestinal obstruction
d) Megacolon syndrome.

**330. Long scenario about crohn's disease , patient has fistula in- ano , next step**
a) Antibiotic
b) Sitz bath and analgesic
c) Medical treatment before fistulotomy
d) **Follow up only**

**331. Pathophysiology of crohn's disease:**
a) **Environmental toxin**
b) Bacterial toxin
c) Unknown

**332. about Crohn's disease are true :**
a) Inflammation Involve superficial layer of intestine
b) Involve sigmoid and rectum if ("skip lesions").
c) Decrease incidence of colon cancer
d) The rectum is often spared
e) **Transmural inflammation is seen**

**333. Crohn's disease , one of the following true:**
a) It is affect superficial layer only
b) Affect rectosigmoid colon
c) **Cause fistula**
d) less cancer chance

**334. Most common cause of surgical intervention in inflammatory bowel disease**
a) Crohn's disease
b) Bleeding
c) Fistula
d) **Intestinal obstruction**

**335. 37 years old post cholecystectomy came with unilateral face swelling and tenderness. Past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophil and band cells. Culture of saliva wasn't diagnostic. What is the diagnosis?**
a) Sjogren Syndrome
b) Parotid cancer
c) **Bacterial Sialadenitis**
d) Sarcoidosis
e) Salivary gland tumor
f) Salivary gland stone

- **Measles is a risk factor to develop parotid gland swelling and infection, due to stone in the Stensen duct**

**336. Regarding screening for cancer, which of the following is true?**
a) Screening for cervical cancer had decreased in recent years
b) Screening for breast cancer had decreased in recent years
c) Screening for Colorectal cancer is inadequate for the high-risk groups
d) Screening for lung cancer has reduced the mortality rate of lung cancer
e) **Screening for tobacco use is now adequately done by health professionals**

**337. water in the body:**
a) 40 %
b) **Difference depend on age and sex**

**338. A case scenario about a patient who has on and off episodes of abdominal pain and was found to have multiple gallstones, the largest is 1 cm and they are not blocking the duct, what will you do?**
a) Give pain killers medication
b) **Remove gallbladder by surgery**

**339. Lady presented with perforated peptic ulcer and INR=5, needs preoperatively:**

a) Protamine sulfate
b) Frozen blood
c) **Fresh frozen plasma**
d) fresh frozen blood

**340. All of these diseases are predisposing to gastric cancer except:**

a) pernicious anemia
b) H. pylori
c) Linitisplastica
d) Peptic ulcer
e) **All of the above**

**341. All statements are correct for papillary thyroid carcinoma except:**

a) Mainly spread by lymphatic
b) **Mainly spread by blood**
c) Recurs very late
d) Has very favorite diagnosis
e) may present first with lymph node swelling

**342. Papillary carcinoma of the thyroid is characterized by all of the following EXCEPT:**

a) Commonly metastasizes to the paratracheal nodes adjacent to the recurrent nerves.
b) Older patients have a worse prognosis than younger patients.
c) It is associated to childhood exposure to x-ray irradiation.
d) **Older patients are more likely to have nodal metastases.**
e) The tall-cell variant has a worse prognosis.

**343. Relative to the complications that may be associated with thyroidectomy, which of the following statements is correct?**

a) Tracheostomy should be performed routinely after surgical evacuation of a postoperative hematoma.
b) **The clinical manifestations of postoperative hypoparathyroidism are usually evident within 24 hours.**
c) A non-recurrent left anterior laryngeal nerve is present in every 100 to 200 patients.
d) When papillary carcinoma metastasizes to the lateral neck nodes, the internal jugular vein is routinely removed during the dissection.
e) Inadequately treated permanent hypoparathyroidism can lead to mental deterioration.

**344. Femoral hernia is usually:**

a) commonest hernia in females
b) **Lateral to public tubercle**
c) medial to pubic tubercle
d) never mistaken with lymphadenitis when strangulated

**345. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause**

a) **Immunological**

**346. Number 20 French catheter is:**

a) 20cm long
b) **20 mm in circumference**
c) 20 dolquais in diameter
d) 20 mm in diameter
e) 20 mm in radius

**347. The incidence of surgical infection is reduced with:**

a) The use of preoperative non-absorbable oral antibiotics in colon surgery.
b) Blunt multiple traumas.
c) The use of braided sutures.
d) Postoperative systemic antibiotics.
e) Advanced age.

**348. 48 years old man with pyloric stenosis with severe vomiting comes into the hospital, there is marked dehydration, and the urine output 20 ml/hour. HCT 48, BUN 64mg, HCO3 – 33mEq/l, Cl 70 mEq/l, and K 2.5 mEq/l. The predominant abnormality is :**

a) Aspiration pneumonia
b) Hypochloremic alkalosis
c) Salt-losing enteropathy
d) intrinsic renal disease
e) metabolic acidosis

**349. Postoperative adhesions are the most common cause of small bowel obstruction. Choose the true statement about postoperative adhesions:**

a) Previous appendectomy and hysterectomy are uncommon causes of late postoperative small bowel obstruction.
b) The mechanism of adhesion formation is well understood and has been eliminated by the removal of talc from gloves and by careful suturing of the peritoneum.
c) Although the cause of adhesion formation is not well understood, careful operative technique may minimize its occurrence.
d) Internal stinting is useful because it prevents postoperative adhesions.
e) In patients with postoperative small bowel obstruction, the obstruction is rarely due to adhesions.

**350. Carcinoma of the colon is:**

a) Predominantly found in the rectum and the left side of the colon.
b) More common in men than in women.
c) Most likely to present as an acute intestinal obstruction.
d) Associated with a second carcinoma in 20% of patients.
e) Found to have a corrected 5-year survival rate of 50% in patients with nodal involvement following a curative resection.

**351. Which of the following diseases is NOT frequently associated with pyogenic liver abscesses:**

a) Cholangitis secondary to biliary obstruction
b) Diverticulitis
c) Urinary tract infection
d) Hepatic artery thrombosis post liver transplant
e) Omphalitis.

**352. Treatment of a patient with the clinical picture of thyroid storm should include all of the following EXCEPT:**

a) Propranolol
b) Propylthiouracil.
c) Salicylates
d) Sodium iodide.
e) Acetaminophen.

**353. The common cause of immediate death in burn injury**:

a) Inhalation injury

**354. Patient with vomiting, constipation, pain and distension past history 7 month appendectomy diagnosis?**
a) Mechanical intestinal obstruction
b) Ileus

**355. In a patient with elevated serum level of calcium without hypocalciuria, which of the following tests is almost always diagnostic of primary hyperparathyroidism:**
a) Elevated serum level of ionized calcium.
b) Elevated serum level of chloride and decreased serumphosphorus.
c) Elevated serum level of intact parathyroid hormone (PTH).
d) Elevated 24-hour urine calcium clearance.
e) Elevated urinary level of cyclic AMP.

**356. Patient develops hypoparathyroidism after thyroid or parathyroid operations. What is the treatment for Hypoparathyroidism:**
a) Oral 1, 25-vitamin D and calcium.
b) Transplantation of fetal parathyroid tissue.
c) Intramuscular PTH injection.
d) Reoperation to remove the thymus.
e) Oral phosphate binders.

**357. Which of the following liver tumors is often associated with oral contraceptive agents?**
a) Hepatocellular carcinomas
b) Liver cell adenomas
c) Focal nodular hyperplasia
d) Angiosarcoms
e) Klatskin's tumor.

**358. Lymphedema is diagnosed most effectively by:**
a) Complete history and physical exam
b) Duplex ultrasonography.
c) Lymphoscintigraphy.
d) Lymphangiography.
e) Magnetic resonance imaging.

**359. 48 years old male patient is admitted to the hospital with acute pancreatitis. Serum amylase concentration is 5400 IU/L. He is complaining of severe generalized abdominal pain and shortness of breath. He is haemodynamically stable after appropriate intravenous fluid infusions over the first 6 hours. Which one of the following is the least significant indicator of disease severity in acute pancreatitis during the first 48 hours:**
a) Raised WBC count (18000/mm2)
b) Low arterial blood oxygen tension (60 mm Hg).
c) Elevated serum amylase (5400 IU/L).
d) Thrombocytopenia (10000/mm3).
e) Elevated blood urea nitrogen (30 mg/dl).

**360. The single blood test performed by a good laboratory that would be expected to be the most sensitive for determining whether the patient is euthyroid, hypothyroid or hyperthyroid is:**
a) T3 uptake.
b) Total T3.
c) Total 4.
d) TSH (thyroid stimulating hormone)
e) Free T4.

**361. Patient known case of hypothyroidism , and you start levothyroxine but she come after 1 wk with cold intolerance, and bradycardia, THS INREASED :**

a) Continue and check after 1-2 month
b) decrease the dose
c) stop until TSH is become normal

**362. The most common cause of hypercalcaemia in a hospitalized patient is:**

a) Dietary, such as milk-alkali syndrome
b) Drug related, such as the use of thiazide diuretics.
c) Granulomatous disease.
d) Cancer
e) Dehydration.

**363. The most common cause of dysphagia in adults is:**

a) Achalasia.
b) Paraesophageal hernia.
c) Sliding hiatus hernia.
d) Carcinoma
e) Esophageal diverticulum.

**364. The most common cause of esophageal perforation is:**

a) Penetrating trauma.
b) Postemetic rupture.
c) Carcinoma of the esophagus.
d) Caustic ingestion.
e) Instrumentation.

**365. Which of the following is the most potent known stimulator of gastric acid secretion?**

a) Pepsinogen
b) Gastrin
c) Acetylcholine B
d) Enterogastrone
e) Cholecystokinin

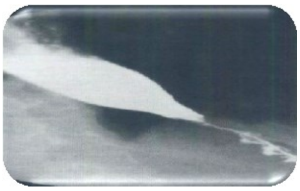
**366. 70 years old woman presented with a 3 days history of perforated duodenal ulcer. She was febrile, semi-comatose and dehydrated on admission. What is the best treatment?**

a) Blood transfusion, Rehydrate, perform Vagotomy & drainage urgently.
b) NGT suction, Rehydrate, systemic AB & observe.
c) NGT suction, Rehydrate, systemic AB & perform Plication of the perforation.
d) Rehydrate, Blood transfusion, systemic AB & perform hemigastrectomy.
e) none of the above

**367. The most common complication of Meckel's diverticulum among adults is:**

a) Bleeding
b) Perforation
c) Intestinal obstruction
d) Ulceration
e) Carcinoma.

**368. What is this show?**



a) Achalasia

**369. Complications following pancreatitis may include all of the following EXCEPT:**
a) Pulmonary Atelectasis
b) Altered mental status
c) Shock
d) **Afferent loop syndrome**
e) Sepsis

**370. regarding infection in the finger bulb, all true except:**
a) Can progress to collar abscess
b) **Has loose fibrous attachment**
c) Causes throbbing pain

**371. Young patient admitted because of URTI and BP 120/90, 7 days after she develop acute abdomen, tenderness on examination , patient become pale ,sweaty, BP 90/60 what will you do:**
a) Anterior abdomen CT
b) **IV fluid and observation**
c) Gastroscope
d) double-contrast barium

**372. Female with neck swelling firm, large, and lobulated, positive antibodies against thyroid peroxidase, what is the diagnosis?**
a) **Hashimoto's thyroiditis**
b) graves

**373. Female patient has Ulcerative Colitis, developed red tender nodules on anterior surface of leg shin , what is the name of these nodules :**
a) **Erythema nodosum**

**374. Patient with mid cervical mass. Next step:**
a) CT brain
b) CT neck
c) laryngoscope
d) **US**

**375. Solitary thyroid nodule, what is the most valuable test?**
a) US
b) **FNA**

**376. IV fluid in burn patients in given:**
a) **1\2 of total fluid is given in the first 8 hours post burn**
b) 1\4 of total fluid is given in the first 8 hours post burn
c) the whole total fluid is given in the first 8 hours
d) 1\2 of total fluid is given in the first 6 hours post burn
e) 1\4 of total fluid is given in the first 6 hours post burn

- **Parkland formula "fluid requirement = TBSA(%) x Weight (Kg) x 4ml"**
- **Give half of total requirement in the 1st 8 hours, then give 2nd half over next 16 hours)**

**377. Which of the following is the first test that should be performed in a patient with lower GIT bleeding?**
a) **nasogastric aspiration**
b) anoscopy
c) proctoscopy
d) colonoscopy

**378. A patient with mixed $1^{st}$& $2^{nd}$ degree burns in head & neck region, what is the most appropriate management?**

a) **Apply silver sulfadiazine and cream to all burned areas, cover them, IVF & admit to hospital**
b) Apply cream to $2^{nd}$ degree burns and cover them, give IV fluids
c) Debridement of $2^{nd}$ degree burns and ….
d) Apply silver sulfadiazine then Vaseline ointment to all areas then discharge the patient

**379. Patient complaining of torso pain after using tan bed, on examination skin on the chest was red, reblenchable and painful:**

a) **1st degree burn**
b) 2nd degree burn
c) 3rd degree burn
d) skin prodromal

**380. fireman came to ER with 1st and 2nd degrees burn on face and neck , burn area around 5% ,blister formed, what will you do :**

a) Drain blister by FNA
b) **Apply silver sulfadiazine and start antibiotic**
c) Debridement

**381. A burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:**

a) Leukocytosis
b) **Neutropenia**
c) Electrolyte imbalance
d) Hypokalemia

- **The use of sulfonamides has been associated with hematologic toxicity, including methemoglobinemia, sulfhemoglobinemia, leukopenia, granulocytopenia, eosinophilia, hemolytic anemia, aplastic anemia, purpura, clotting disorder, thrombocytopenia, hypofibrinogenemia, and hypoprothrombinemia**

**382. 70 kg male with a 40% total body surface area burn and inhalation injury presents to your service. The fluid resuscitation that should be initiated is:**

a) Lactated Ringer's solution at 350 ml/hr.
b) **D5 lactated Ringer's solution at 700 ml/hr.**
c) Lactated Ringer's solution at 100 ml/hr.
d) Normal saline at 400 ml/hr.
e) Lactated Ringer's solution at 250 ml/hr

**383. Inhalation injury in burns, all true except:**

a) CO is major cause of death in early stage
b) Pt should be admitted to ICU for observation even without skin burn
c) Singed vibrissae is respiratory sign
d) **Bronchioles and alveoli could burn from hot smoke**

**384. Middle age Male presented to the ER comatose and his skin looks reddish, what's the most likely diagnosis?**

a) **Carbon monoxide poisoning**
b) High dose of insulin
c) Septicemia

- **Cherry-red skin = CO poisoning**

**385. a bilateral breast disease**:
a) **Lobar carcinoma.**
b) Paget's disease.
c) Invasive ductal carcinoma

**386. The initial management for responsive patient came to emergency with multiple injuries:**
a) **Oxygen Mask.**
b) Oropharyngeal tube.
c) Nasopharyngeal tube.
d) Endotracheal tube.

**387. Which of the following is true concerning inhalation injury?**
a) Carboxyhaemoglobin level of 0.8% excludes the diagnosis.
b) Normal bronchoscopic exam upon admission excludes the diagnosis.
c) History of injury in open space excludes the diagnosis.
d) 50% of patients with positive bronchoscopy require ventilatory support.
e) **Fluid administration rate should not be decreased because of the lung injury.**

**388. What is the first step in mild burn**
a) **Wash by water with room temperature**
b) Place an ice
c) Put a butter

**389. Female presented to ER with HCL burn on her face there was partial thickness burn management:**
a) **Irrigation with water**
b) Irrigation with soda bi carb
c) Immediate debridement

**390. Middle age male came to you gunshot to his femur, when you explore you found a 5 cm destroy of the superficial femoral artery what you will do?**
a) Ligation and Observation
b) Debridement and saphenous graft
c) **Debridement and venous graft**
d) Debridement and arterial graft
e) Debridement and prosthetic graft

**391. RTA pt. with femur fracture , he has laceration of the femoral artery .. What to do :**
a) end to end anastomosis
b) prosthetic graft
c) arterial graft
d) **Venous graft**

- **If small can be done by primary repair if bigger it's better to go for venous graft**

**392. Which role used to calculate burn surface area in case of burn:**
a) **Nine**
b) Seven
c) six

**393. Cause of death in flame burn:**
a) **Airway affection**
b) Hypovolemic shock

**394. Case of burn → swelling, redness , hotness and no blister :**

a) prodromal
b) **1st degree of burn**
c) 2nd degree
d) 3rd degree

**395. partial thickness burn:**

a) **Sensitive**
b) Insensitive.
c) Will change to slough within 2-3 weeks.
d) Needs a split graft.
e) Needs a free flap.

**396. Which of the following concerning the epidemiology of burn injury is true:**

a) Most pediatric burn deaths are secondary to scald injuries.
b) Most pediatric burns occur in males.
c) The highest incidence of burns is in 18-24 year old males.
d) **One half (1/2) of pediatric burns are scalds.**

**397. For 15-24 year old males, the most common etiology for thermal injury involves**

a) **automobiles**

**398. Burn involved 3 layers of the skin called:**

a) Partial thickness
b) **Full thickness**
c) Superficial
d) Deep

**399. Patient had burned by hot oil in the right side of his arm and leg, came to you in clinic. So you will referred him to burn clinician specialist if?**

a) 10 cm painful area with no blusters
b) 5 cm painful area with blusters
c) **5 cm painless area with no blusters (third degree, full thickness).**

**400. Mild burn in the face and the neck:**

a) **Apply (something) and admit the patient to the hospital**
b) The rest of choices said apply (something) and discharge the patient /or follow up in the clinic.

- **remember burn on the face necessitate admission**

**401. The best initial management of patient with burn on the hand:**

a) Apply cold ice.
b) **Wash with continuously with water till the material goes away**

**402. A patient who got kicked on the chest presented with SOB and tachypnea. CXR shows effusion of left lung. What to do for immediate relief of the symptoms?**

a) Thoracotomy
b) **Needle aspiration**
c) Chest tube

**403. Middle aged female patient with history of Stage 2 breast cancer treated successfully, now presents with moderate to severe pain in left leg, not relieved by lying down, pain on extension of leg and walking, O/E Tender region in L3-L4 lower back. No Physical sign of cancer recurrence. Last saw oncologist 2 years back. What is most appropriate scenario:**

a) Refer to oncologist
b) Do DEXA Scan
c) **Do MRI**
d) Hospitalize and do neurology and oncology consultations

**404. old patient with 2 years bone pain , lethargy , fatigue, wedding gait , came with table show high calcium and high phosphorus ;**

a) osteoporosis
b) osteomalacia
c) paget disease of bone
d) **metastases prostate cancer**
e) paraneoplastic syndrome

**405. Middle age patient alcoholic with H/O fullness in epigastric region and mild pain, History of nausea and vomiting. Labs: Increased Serum Amylase, Diagnosis**:

a) **Pancreatic Pseudocyst**
b) Pancreatic Cyst adenoma
c) Choledochal Cyst
d) Liver Cirrhosis

**406. The most common cause of nipple discharge:**

a) High prolactin level
b) **Intraductal papilloma.**

**407. Patient presented with progressive headache for days. There was history of head trauma by ping ball while playing. The most likely diagnosis**:

a) SAH.
b) **SDH.**

**408. Long scenario of 28 year old male patient with symptoms of Ulcerative Colitis+ anemia related to UC. Sigmoidoscopy revealed multiple polyps, Biopsy of polyps Carcinoma in situ. What is the most definitive therapy that will be effective in the long-term**

a) Correct Anemia
b) Left hemicolectomy and Colostomy
c) **Total Colectomy and Ilectomy**
d) Removal of all polyps by Colonoscopy

**409. patient presented by left arm swelling , pain full axillary lymphadenopathy … ttt by**

a) **oral antibiotics (if only lymphadenitis)**
b) IV antibiotics (if systematic symptoms)

**410. 65 year male patient presented with history of backache and fatigue for the last 3 mon initial examination tenderness in lumbosacral region, on revealed the following ; Hb 9,ESR 80,X ray spine showed osteolytic lesion , the most likely diagnosis**

a) **Solitary myeloma**

**411. Patient came with MI 2 day after admission develops. Severe abdominal pain and bloody diarrhea, DX**
- a) **Ischemic colitis**

**412. 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable Dx?**
- a) Stricture of the urethra
- b) Urinary bladder tumor
- c) **BPH**
- d) Pelvic CA
- e) Renal stone

**413. Filling defect in renal pelvis not opaque, on us echo (they describe the appearance of this filling defect but i forget it) what is this Filling defect:**
- a) **Uric acid stone**
- b) Blood clot
- c) Epith. Cells
- d) Vascular

- **Uric acid stones are radiolucent (unlike other types of stones)**

**414. Patient with stone the most specific and sensitive is:**
- a) US
- b) **non contrast CT of abd & pelvis**

**415. Patient Known BPH stable on medications. On examination prostate was smooth with no nodularity, He asked for PSA screening. What will you till him?**
- a) **No need for PSA.**
- b) Explain pros and cons of PAS
- c) order other advanced Investigations (biopsy)

**416. Diffuse abdominal pain, bleeding per rectum and temperature 38.3, preceded by urinary infection 3 weeks back treated with AB , diagnosis :**
- a) Ischemic colitis
- b) Amoebic colitis
- c) **Pseudomembranous colitis**

**417. Old man with left lower abdominal pain with fever and constipation, imaging showed decreased the fatty shadows around distal colon, your next step**:
- a) **Double contrast**
- b) IV antibiotic
- c) Control diet

**418. patient is presented with acute cholangitis , what you will do to alleviate the symptoms:**
- a) IV antibiotics + gastric lavage.
- b) **IV antibiotics + drainage of bile.**
- c) Hydration + cholecystectomy.

**419. patient C/o icterus in skin and eye on investigation WBC 2500, PLT 70,000, HB 7, leukocytosis 17% total bilirubin 51 and direct bilirubin 12 what is the test most likely positive**
- a) Positive comb's test
- b) In US obstructive biliary duct
- c) **antiparietal antibodies**

**420. Old patient presented with abdominal pain, back pain, pulsatile abdomen what's the step to confirm dx:**
a) Abdominal US
b) **Abdominal CT**
c) Abdominal MRI

**421. old, smoker , rectal bleeding , weight loss:**
a) **Colorectal cancer**

**422. about which breast mass present with bloody discharge ?**
a) **intraductal papilloma**

**423. Patient diabetic he has wound in his leg with poor healing , Exudate ,no sign of inflammation the hyperglycemia cause poor wound healing by :**
a) Inhibit phagocytosis
b) Stimulate bacterial growth
c) **Decrease immunity**

**424. Picture of a huge ulcer in the leg, the ulcer is red with raised edges. Best option of management:**
a) Topical steroids
b) **Biopsy**
c) Radiotherapy
d) Topical antibiotics

**425. adolescent with asymptomatic hernia :**
a) **surgical is better than medical ttt**
b) contraindication to do surgery in reducible hernia
c) can cause hypo infertility

**426. Patient intubated ,the most reliable method to make sure for tube proper position :**
a) 5 point auscultation bilaterally breathing heard
b) CXR

- **End-tidal carbon dioxide detection is the most accurate technology to evaluate endotracheal tube position**

**427. the most common complication following hemorrhoidectomy is :**
a) fecal impaction
b) bleeding
c) **urinary retention**
d) infection

**428. Old man presented to you complaining of rectal pain mostly at night with itching, what is the diagnosis?**
a) Hemorrhoids
b) Gay bowel syndrome
c) **Proctalgia fugax**

**429. Patient came with painful rectal spasm painful rectal spasm, diaphoresis and tachycardia especially at night, what is the diagnosis?**
a) Thrombosed hemorrhoid
b) **Proctalgia fugax**

**430. a colorectal carcinoma that invades the submucosa and has two positive lymph nodes and no metastasis**
a) stage 1
b) stage 2
c) stage 3
d) stage 4

**431. which one make you relief when you aspirate a Brest mass**:
a) Clear serous fluid in the needle

**432. 45 years old female came to ER with acutely swollen knee + ballotmentpatella. The most important to do**
a) MRI of the knee
b) Aspiration
c) Complete blood count
d) rheumatoid factor

**433. Young boy presented to the ER with inguinal mass, pain and vomiting. O/E the mass is tender to touch, erythematous skin over scrotum, (blue dotes) in the pole of testis, intact cremasteric reflex ,Dx**
a) Testicular torsion
b) Testicular hematoma
c) incarcerated hernia
d) torsion appendix of testis

**434. patient sustained major trauma came to ER 1st thing to do**
a) open air way give 2 breath
b) open airway remove foreign body
c) 2 breath followed by chest compression

**435. Patient with BMI less than 18 with repetitive vomiting. What kind of electrolyte imbalance**
a) Hypokalemia

**436. Old patient with benign prostate hypertrophy, wants to do PCA test, what to do :**
a) discuss pros &cons with the pt

**437. Patient has indirect hernia with no complication :**
a) Elective surgery

**438. Patient with lump at the back long time ago with white malodor discharge, what to do?**
a) FNA and culture
b) Antibiotic
c) Excisional biopsy
d) Refer to dermatologist

**439. Male complaining of groin pain with heavy objects and coughing, O/E reducible swelling in the right groin area, what u should tell the patient regarding his problem ?**
a) Should do emergency surgical removal.
b) Should do elective surgical removal
c) it will predispose to cancer
d) It will disappear after medical treatment

**440. Treatment of folliculitis after shaving the bread :**

a) oral steroid
b) topical steroid
c) **oral antibiotics**

- **maybe there was topical antifungal but no topical antibiotic choice**

**441. Nonmedical treatment of premature ejaculation:**

a) **the use of acupuncture**

**442. 50 years old male patient, presented with just mild hoarseness, on examination: there was a mid-cervical mass, the BEST investigation is:**

a) Indirect laryngoscope
b) CT brain
c) **CT neck**
d) Throat swab

**443. the wound stay in early inflammatory phase until :**

a) epithelial tissue formation
b) angiogenesis
c) **the wound sterile**

**444. 20 years old man involved in RTA brought to ER by his friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:**

a) CT brain
b) X-ray cervical spine
c) **Rapid infusion of crystalloids**
d) ECG to exclude hemopericardium
e) U/S abdomen

- **He has Hypotension so BP must be corrected after securing airway.**

**445. Right upper quadrant pain and tenderness , fever, high WBC , jaundice, normal hepatic marker**

a) **Acute cholecystitis**
b) Pancreatitis
c) Acute hepatitis

- **The patient presented with charcot triad, RUQ pain, jaundice and fever, which is suggestive of cholangitis.**

**446. Best view to see the rib fracture**

a) posterior-anterior x-ray
b) anterior-posterior x-ray
c) **oblique x-ray**

**447. Diabetic patient with ulcer in foot , not healing , not infected , high**

a) blood glucose
b) high blood glucose stimulate bacteria to grow
c) decrease phagocytosis
d) decrease immune system

- **without the picture**

CHAPTER

3

# OBs and Gyne

# Obs and Gyne

CHAPTER 3

1. **Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:**
   a) **Before pregnancy**
   b) 1st trimester
   c) 2nd trimester
   d) 3rd trimester

2. **Pregnant lady, she wants to do a screening tests, she insist that she doesn't want any invasive procedure, what you well do?**
   a) **U/S**
   b) Amniocenteses

3. **What is the risk of GDM on her life later:**
   a) DM type 1
   b) **DM type 2**
   c) Impaired fasting glucose

4. **Clomiphene citrate*:***
   a) **Induce ovulation**

5. **Pregnant lady with cardiac disease presented in labor, you'll do all except:**
   a) Epidural anesthesia
   b) **C/S**
   c) Diuretic
   d) Digitalis
   e) O2

6. **The commonest symptom in the presentation of abruptio placenta is:**
   a) **Vaginal Bleeding 80%**
   b) Abdominal pain70%
   c) Abdominal mass
   d) Irregular uterine contractions 35%
   e) Hypogastric tenderness

7. **Pregnant lady, GA = 8, came with History of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. On examination the internal Os was 1cm dilated. The diagnosis is:**
   a) Complete abortion
   b) **Incomplete abortion**
   c) Missed abortion
   d) Molar pregnancy
   e) Threatened abortion

8. **Young primigravida, 35 weeks gestation, had BP of 140/90, headache, Proteinuria & lower limb edema. What is the best management?**
   a) Oral labetalol
   b) Diuretics
   c) Low sodium diet
   d) Immediate C-section
   e) **Admission & observation of feto-maternal condition**

**9. Asymptomatic woman with trichomoniasis:**
a) Treat if symptomatic
b) Treat if she is pregnant
c) **Treat her anyway**

**10. A pregnant woman, multigravida, 38 weeks gestational presented with glycosuria. Gestational diabetes was confirmed by glucose tolerance test. What is the next step?**
a) Repeat Glucose tolerance test
b) Cesarean section
c) **Diet adjustment**
d) Start sliding scale insulin
e) Start oral hypoglycemic medication

**11. Pregnant lady in her 30 weeks gestation diagnosed as having swine flu. She has high grade fever and cough for 4 days and her RR= 25/min. What will you do for her?**
a) **Give her Tamiflu 75 mg BID for 5 days**
b) Refer her to ER for admission
c) Give her antibiotics
d) Refer her to OBGY doctor

**12. A 27 year old pregnant lady, 19 weeks gestation, smoker, presented with PV bleeding followed by painless delivery. She was told nothing was wrong with her or her baby. The diagnosis is:**
a) **Cervical incompetence**
b) Fetal chromosomal anomaly
c) Molar pregnancy

**13. A 30 year old lady in the third trimester of her pregnancy developed a sudden massive swelling of the left lower extremity extending from the inguinal ligament to the ankle. The most appropriate sequence of work up & treatment:**
a) Venogram, bed rest, heparin
b) **Impedance plethysmography, bed rest, heparin**
c) Impedance plethysmography, bed rest, vena caval filter
d) Impedance plethysmography, bed rest, heparin, warfarin
e) Clinical evaluation, bed rest, warfarin

**14. A young female patient who is an office worker presented with itching in the vagina associated with the greenish-yellowish vaginal discharge. Examination revealed red spots on the cervix. The diagnosis is:**
a) **Trichomoniasis**
b) Candidiasis
c) Gonorrhea
d) Gardnerella vaginalis

**15. A female patient presented with oligomenorrhea, she had 3 periods in the last year. She also had acne & hirsutism. Her body weight was 60 kg. PV examination was normal. The diagnosis is:**
a) **Polycystic ovary disease**
b) Hyperprolactinemia
c) Adrenal tumor
d) Hypothyroidism
e) Premature ovarian failure

**16. 50 years old woman (post-menopausal woman) who is taking estrogen OCP every month & stops at the 21st day of the cycle. She presented with vaginal bleeding in the form of spotting 2-3 days after stopping the estrogen OCP (a case of postmenopausal bleeding). The best management is:**

a) Pap smear
b) Endometrial sampling (biopsy)
c) Stop estrogen
d) Continue estrogen
e) Add progesterone

**17. Uterovaginal prolapse:**

a) Increase heaviness in erect position
b) More in blacks
c) A common cause of infertility

**18. A couple is trying to have baby for the last 6 month of unprotected intercourse. They wanted to know the possible cause of their infertility. What will you do?**

a) Wait & see → If less than 35 y
b) Send to fertility clinic → if more than 35 y
c) Semen analysis
d) Pelvic exam
e) Body temperature chart

**19. A 34 years old lady presented with pelvic pain and menorrhagia. There is history of infertility, on examinations the uterus was of normal size &retroverted; she had multiple small tender nodules palpable in the uterosacral ligament. The most likely diagnosis is:**

a) Fibroid
b) Endometriosis
c) Adenomyosis
d) PID

**20. OCP:**

a) Changes the cervical mucus
b) increase premenstrual tension
c) Have a failure rate of 3 %

**21. The best indicator of labour progression is:**

a) Dilatation
b) Degree of pain
c) Fetal heart rate
d) Decent
e) Dilatation and decent

**22. OCP:**

a) Decrease the risk of ovarian cancer
b) Increase the risk of breast cancer
c) Decrease endometrial cancer
d) Increase risk of ectopic pregnancy

- **COC decrease the risk of ovarian cancer, endometrial cancer and colorectal cancer**

**23. marker of ovarian cancer :**

a) CA125

**24. Average length of the menstrual cycle:**

a) 22 days
b) 25 days
c) 28 days
d) 35 days

**25. Pregnant lady with negative antibodies for rubella and measles, what you will give her?**

a) MMR
b) Antibodies
c) Terminate pregnancy
d) Do nothing

- **Measles-mumps-rubella (MMR) vaccine and its component should not be administered to women known to be pregnant.**

**26. About Antepartum haemorrhage:**

a) Rarely due to hypofibrinogenemia
b) Maternal mortality more than fetal mortality
c) PV exam is always indicated

**27. Pregnant lady came to antenatal clinic for routine checkup, her Glucose tolerance test was high glucose , diagnosed as gestational DM , management:**

a) Nutritional advice
b) Insulin
c) OHA
d) Repeat GGT

**28. Pregnant lady 7cm dilated cervix, had induction of labor with oxytocin and artificial rupture of membrane, Hypertensive and the baby is Brady, what you will do?**

a) Magnesium sulfate
b) Give dose of oxytocin

**29. 20 years old lady, pregnant, exposed to rubella virus since 3 days, never was vaccinated against rubella mumps or measles, what's the best thing to do?**

a) Give IG
b) Vaccine
c) Do nothing
d) Terminate the pregnancy

**30. The most common cause of postpartum hemorrhage is:**

a) Uterine atony
b) Coagulation
c) Retained placenta

**31. Girl with amenorrhea for many months. BMI is 20 and is stable over last 5 years, diagnosis:**

a) Eating disorder
b) Pituitary adenoma

**32. Regarding GDM:**

a) Screening for GDM at 24 to 28 weeks
b) Diet control is always successful treatment
c) Screening at 8 weeks

**33. 48 years old with irregular menses presented with fatigue and no menstruation for 3 months with increased pigmentation around the vaginal area without other symptoms. your next step would be**

a) reassure the patient
b) **Do a pregnancy test**
c) do ultrasound

**34. couple came for reversible contraception , the wife previous DVT , your advice :**

a) Tubal ligation
b) **IUD**

**35. Total vaginal hysterectomy with anterior & posterior repair the patient complains that urine is come out through vagina, what is the diagnosis?**

a) **Ureterovaginal fistula**
b) vesico vaginal fistula (continuous urinary incontinence)
c) urethrovaginal fistula ( If during micturition )
d) cystitis

**36. Female on antibiotic has white cottage cheesy vaginal discharge**

a) **Candida**

**37. Normal Puerperium:**

a) **It lasts for up to 4 weeks**
b) **The uterus can't be felt after the 1st week**
c) **Lochia stays red for 4 weeks**
d) **Epidural analgesia cause urinary retention**

**38. Lactating lady who didn't take the MMR?**

a) Take the vaccine and stop feeding for 72 hour
b) It is harmful for the baby
c) **She can take the vaccine**

**39. Signs of androgen excess and ovarian mass , most likely tumor :**

a) **Sertoli-lyding cell tumor**

**40. Girl with hirsutism , deep voice , receding hair line :**

a) **Androgen excess**

**41. pregnant lady 16 weeks, ultrasound shows snowstorm appearance:**

a) **Complete hydatiform mole**

**42. Patient came with whitish discharge from the nipple. Her inx show pituitary adenoma, which hormone responsible for this :**

a) **Prolactin**

**43. Young girl came with history of full term uterine demise and now she is in 34 weeks. what u will do:**

a) CS in 38 week
b) **Wait for spontaneous delivery**
c) Induce labor at 36 , not more than 4 weeks from diagnosis

**44. Best medication to be given for GDM (gestational) is:**

a) **Insulin**
b) Metformin

**45. Trichomoniasis is classically have:**
a) Clue cells
b) **Greenish frothy discharge**

| Type of infection | Type of Discharge | Other Symptoms | treatment |
|---|---|---|---|
| **Gonorrhea** | Cloudy or yellow | Bleeding between periods, urinary incontinence | Ceftriaxone or cefitixime |
| **Bacterial vaginosis** | White, gray or yellow with fishy odor | Itching or burning, redness and swelling of the vagina or vulva | Metronidazol oral or topical |
| **Trichomoniasis** | Frothy, yellow or greenish with a bad smell | Pain and itching while urinating | Oral metronidazol |
| **Yeast infection** | Thick, white, cheesy | Swelling and pain around the vulva, itching, painful sexual intercourse | Antifungal |
| **Chlamydia** | Purulent, malodors | Itching or burning | Azithromycin & doxycyclin |

**46. Lady pregnant in her 3rd trimester came with bright red gush of blood, no abdominal pain or uterine tenderness**
a) **Placenta previa**

**47. Cause of Polyhydramnios:**
a) Renal agenesis
b) **Duodenal atresia**
c) Mother with diabetes insipidus
d) Post mortem pregnancy

**48. The most accurate diagnostic investigation For ectopic pregnancy:**
a) Culdocentesis
b) Pelvic U/S
c) Endometrial biopsy
d) Serial B-HCG
e) **Laparoscopy**

**49. A 14 years female, with 6 month history of lower mid abdominal pain , the pain is colicky radiate to the back and upper thigh, begin with onset of manse and last for 2-4 days, she missed several days of school during the last 2 months, physical examination of abdomen and pelvis normal, normal secondary sex development, what is the most likely diagnosis?**
a) **Primary dysmenorrhea**
b) Secondary dysmenorrhea.

**50. Nulligravida at 8 weak gestational age, follow up for genetic screening, she refused the invasive procedure but she agree for once screening , what is the appropriate action now:**
a) do ultrasound
b) **1st screening** "US + maternal blood"
c) 2nd screening
d) 3rd screening
e) Amniocentesis

**51. Which type of contraceptive is contraindicative in lactation:**

a) **OCPs**
b) Mini pills
c) IUD
d) Condom
e) Depo-Provera

**52. A vaccination for pregnant lady with DT**

a) Give vaccine and delivery within 24 hours
b) Contraindicated in pregnancy
c) **Not contraindicated in pregnancy**

**53. Contraceptive pill that contain estrogen increase risk of:**

a) **Breast Cancer**
b) Ovary Cancer
c) Cervical Cancer

**54. The best stimulus for breast milk secretion is :**

a) Estrogen
b) **Breast feeding**

**55. Pregnant diagnosed with UTI. The safest antibiotic is:**

a) Ciprofloxacin
b) **Ampicillin**
c) Tetracycline

**56. Full term wide pelvis lady, on delivery station +2, vertex, CTG showed late deceleration, what is the most appropriate management?**

a) C/S
b) **Suction**
c) Forceps Delivery
d) Spontaneous Delivery

**57. Endometriosis best diagnosed by**

a) US
b) **Laparoscopy**
c) Laparotomy

**58. 41 weeks pregnant lady last biophysical profile showed oligohydroamnios. She has no complaints except mild HTN. What is the appropriate management?**

a) Wait
b) Induce labor post 42 weeks
c) **Induce labor**
d) Do biophysical profile twice weekly

**59. Young female with whitish grey vaginal discharge KOH test? Smell fish like, what is the diagnosis?**

a) Gonorrhea
b) **Bacterial Vaginosis**
c) Traichomanous Vaginalis

**60. Female complain of painless odorless and colorless vaginal discharge that appear after intercourse so ttt:**

a) give her antibiotic
b) Douche after intercourse
c) Cervical cancer should be consider
d) May be due to chronic salpingitis

**61. 1ry dysmenorrhea:**

a) Periods Painful since birth
b) Pain start a few days before flow
c) NSAID help

**62. Obstructed labor, which is true?**

a) common in primi
b) excessive caput & molding are common signs
c) most common occipto- ant
d) can not be expected before labor

**63. After delivery start breast feeding :**

a) As soon as possible (according to WHO : within half an hour)
b) 8 hours
c) 24 hours
d) 36 hours
e) 48 hours

**64. Pregnant women has fibroid with of the following is True:**

a) Presented with severe anemia .
b) Likely to regress after delivery .
c) Surgery immediately.
d) Presented with antepartum hemorrhage.

**65. A 28 year lady with 7 week history of amenorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:**

a) Check progesterone
b) HCG
c) Placenta lactogen
d) Estrogen
e) Prolactin

**66. Female patient come with generalized abdominal pain by examination you found Suprapupic tenderness , by PV examination there is Tenderness in moving cervix and tender adnexia diagnosis is**

a) Pelvic inflammatory disease

**67. 50 years old giving history of (postmenopausal symptoms), hot flushes. best drug to reduce these symptom is:**

a) Estrogen only
b) Progesterone only
c) Combined pills (estrogen and progesterone )
d) Venlafaxine or Paroxetine or clonidine or HRT if not combined pills.

**68. during rape rupture of hymen at**

a) 6 o'clock

**69. Pregnant, 34 weeks with abdominal pain radiating to back, O/E: transverse lie, back down & PV revealed open cervix 3 cm & plugging of bag, management?**

a) Caesarian section.
b) Tocolytics

**70. Treatment of patient with yellowish vaginal discharge and itchy by swab and culture it is Trichomonas vaginalis. which of the following is correct :**

a) Start treatment with metronidazole
b) Start treatment with clindamycin
c) No need to treat husband
d) Vaginal swab culture after 2 weeks

**71. Comes with lower abdominal tenderness with no signs of infection and HCG normal**

a) Ovarian cyst torsion

**72. Couples asking for emergency contraception**

a) Levonorgestrel 1.5 mg

**73. Patient has history of amenorrhea for 6 weeks presented with abdominal pain on examination there is fluid on Douglas pouch &clot blood?**

a) Rupture ectopic pregnancy

**74. Patient has history of cervical incompetence, pregnant at 8 weeks what the management?**

a) Do cervical cerclage at 14-16w

**75. Pox virus vaccine In lactating lady**

a) Give the vaccine

**76. Regarding injectable progesterone**

a) Can cause skin problems
b) Associated with irregular bleeding and weight gain.
c) Decrease in bone mineral density (reversible).
d) Delayed fertility after discontinuation (one shot can last 10 months).

**77. Pregnant lady the thyroid function test show (high TBG & T4) and upper normal T3 this due to?**

a) Pregnancy

**78. Pregnant lady giving history of increased body Wight about 3KG from the last visit and lower limb edema to confirm that she had pre-Eclampsia, what to do?**

a) Measure her BP

**79. Pregnant with 32 Weeks no any abnormality, asking what the outcome should be to this pt**

a) Induction at 36 weeks.

- **SVD!**

**80. Female patient around 35 years old, history of thromboembolic disease, what type of reversible contraceptive she can use?**

a) OCP
b) Mini pills
c) IUCD

**81. Pregnant on 36th week came with 7 cm cervical width at zero station. During birth, CTG shows late deceleration, management is:**

a) Give Oxytocin
b) O2 and change mother position
c) Give Mg sulfate

| Type of deceleration | Etiology | Management |
|---|---|---|
| Early | Head compression from uterine contraction (normal ) | No treatment |
| Late | Uteroplacenta insufficiency and fetal hypoxima | • Place patient on side<br>• Discontinue oxytocin.<br>• Correct any hypotension<br>• IV hydration.<br>• If decelerations are associated with tachysystole consider terbutaline 0.25 mg SC<br>• Administer O2<br>• If late decelerations persist for more than 30 minutes despite the above maneuvers, fetal scalp pH is indicated.<br>• Scalp pH > 7.25 is reassuring; pH 7.2-7.25 may be repeated in 30 minutes.<br>• Deliver for pH < 7.2 or minimal baseline variability with late or prolonged decelerations and inability to obtain fetal scalp pH |
| Variable | Umbilical cord compression | • Change position to where FHR pattern is most improved. Trendelenburg may be helpful.<br>• Discontinue oxytocin.<br>• Check for cord prolapse or imminent delivery by vaginal exam.<br>• Consider amnioinfusion<br>• Administer 100% O2 |

**82. Pregnant at 28 week, she sit with child, this child develop chickenpox, she come to you asking for advice, you found that she is seronegative for (varicella) antibody, what will be your management?**

a) Give her (VZIG) varicella zoster immunoglobulin
b) give her acyclovir
c) give her varicella vaccine
d) wait until symptom appear in her

**83. Female patient came with severe vaginal bleeding; what is the appropriate initial management?**

a) O2 , IV FLUID , ABC ,IF NOT STOP progesterone & estrogen last one is blood transfusion

**84. Increase frequency of menses called**

a) Menometror
b) Polymenor
c) Hypermeno

**85. Classical case of Candida infection " itching , white discharge from vagina" , what is the treatment:**

a) Miconazole
b) Amoxicillin

**86. Pregnant lady G1P0 at 13 week she looks anxious, but she is happy about her pregnancy her blood pressure is 142/96 she do exercise 4-5 times / week she denies that she has any previous medical problem, what is diagnosis?**

a) pre eclampsia
b) pregnancy induced hypertension
c) **Chronic hypertension**

- **Gestational hypertension** (formerly known as pregnancy-induced hypertension): Idiopathic hypertension without significant proteinuria (< 300 mg/L) that develops at > 20 weeks' gestation. As many as 25% of patients may go on to develop preeclampsia.
- **Chronic hypertension:** Present before conception and at < 20 weeks' gestation, or may persist for> 12 weeks postpartum. Up to one-third of patients may develop superimposed preeclampsia.
- **Preeclampsia:** New-onset hypertension (SBP ≥ 140 mmHg or DBP ≥ 90 mmHg) and proteinuria (> 300 mg of protein in a 24-hour period) occurring at > 20 weeks' gestation.
- **Eclampsia:** New-onset grand mal seizures in women with preeclampsia.

**87. 34 week with antepartum hemorrhage, she was conscious but fighting, what is the most likely cause?**

a) **Post-coital bleeding.**

**88. Chronic uses of oestrogen association:**

a) **Pulmonary embolism or Increase risk of breast and cervical cancer & reduced uterus and ovary**

**89. Pregnant, 36 weeks, present with agitation, BP: 88/60, fetal distress, what is the diagnosis?**

a) Pulmonary embolism.
b) **Amniotic fluid embolism.**
c) Pulmonary Edema.

- **Amniotic fluid embolism**
  - **Typically** occurs acutely during labor and delivery or immediately at postpartum.
  - **Classic signs and symptoms** are hypoxia, hypotension with shock, altered mental status and disseminated intravascular coagulation.
  - **Other signs and symptoms** include seizure activity, agitation, and evidence of fetal distress.
  - **Diagnosis:** primarily a clinical diagnosis of exclusion.
  - **Treatment:** Aggressive supportive management is needed, and the patient should be intubated and monitored

**90. Condition not associated with increased alpha feto protein:**

a) **Breech presentation**
b) Down syndrome
c) Gastroschisis
d) Myelomeningocele
e) Spina bifida
f) Encephalitis

**91. Patient G3 P3 all her deliveries were normal except after the second one she did D&C , Labs all normal except: high FSH, high LH, low estrogen, what s the diagnosis?**

a) **Ovarian failure**
b) Asherman syndrome
c) Turner syndrome
d) Sheehan syndrome

**92. Patient with salpingitis and there is swelling in pelvis in posterior fornix and it is fluctuant, management?**

a) **Colpotomy**
b) Laparoscopic
c) continues oral thereby

- **Culdocentesis refers to the extraction of fluid from the rectouterine pouch posterior to the vagina through a needle > The Rectouterine Pouch is often reached through the posterior fornix of the vagina.**
- **The process of creating the hole is called "colpotomy" if a scalpel incision is made to drain the fluid rather than using a needle.**
- **Drainage of a tubo-ovarian/pelvic abscess is appropriate if the mass persists after antibiotic treatment; the abscess is > 4–6 cm; or the mass is in the cul-de-sac in the midline and drainable through the vagina.**
- **If the abscess is dissecting the rectovaginal septum and is fixed to the vaginal membrane, colpotomy drainage is appropriate.**
- **If the patient's condition deteriorates, perform exploratory laparotomy.**

**93. Salpingitis and PID on penicillin but not improve, what is the most likely organism?**

a) Chlamydia
b) **Neisseria gonorrhea**
c) Syphilis
d) HSV

- **Outpatient antibiotic regimens :**
  - **Regimen A:** Ofloxacin or levofloxacin × 14 days +/– metronidazole × 14 days.
  - **Regimen B**: Ceftriaxone IM × 1 dose or cefoxitin plus probenecid plus doxycycline × 14 days +/– metronidazole × 14 days.
- **Inpatient antibiotic regimens:**
  - Cefoxitin or cefotetan plus doxycycline × 14 days.
  - Clindamycin plus gentamicin × 14 days.

**94. 29 years old lady B-HCG 160 complaining of vomiting & abdominal pain, which is more accurate to diagnosis?**

a) BHCG serial
b) **Pelvic US**
c) Laparoscopy

**95. Breech presentation at 34 weeks:**

a) Do ECV now.
b) **Do ECV at 36 wks.**
c) C/S

**96. Lady 28 years old G3+3 complaining of infertility:**

a) **Uterine fibroid**

**97. Female lady after delivery started to develop pelvic pain, fever, vaginal discharge & negative leich..'r test. What is your diagnosis: (( I don't know what is that test ))**

a) Vaginal yeast.
b) **PID.**
c) Bacterial vaginosis.

**98. Postpartum lady developed blues , beside psychotherapy:**

a) **Encourage family to support patient**

**99. Pregnant lady with cystitis, one of the following drugs contraindicated in her case:**

a) Amoxicillin
b) Ceftriaxone
c) **Flouroquiolone**

**100. All of the following drugs contraindicated in breast feeding except :**

a) Tetracycline
b) Chlorophenicol
c) **Erythromycin**

**101. In initial evaluation couples for infertility:**

a) Temperature chart
b) **Semen analysis**
c) Refer to reproductive clinic

**102. Common cause of male infertility:**

a) **Primary hypogonadism**
b) Secondary hypogonadism
c) Ejaculation obstruction

**103. Pregnant never did checkup before, her baby born with hepatosplenomegaly and jaundice:**

a) Rubella
b) **CMV**
c) HSV
d) Toxoplasmosis

**104. A case of a patient with thin cervix and little amount of cervical mucus, how would you treat her**

a) **Estrogen injections**

**105. Pregnant 6 days in CS staining in her throbs from abdomen:**

a) **Fascial dehiscence**

- **Wound infection and is suggested when excessive discharge from the wound is present.**
- **If a fascial dehiscence is observed, the patient should be taken immediately to the operating room where the wound can be opened, debrided, and reclosed in a sterile environment**

**106. Female with vaginal bleeding, abdominal pain, what is the first investigation?**

a) **US**
b) Vaginal Examination

**107. 16 weeks pregnant complaining of polydipsia & polyuria less than 126 mg fasting 6.8 :**

a) **Impaired DM**

- **IFG:** ( 6.1-7.0 mmol)
- **IGT** : ( 7.8-11.1 mmol/l, 2h after 75g )
- **First step**: One-hour 50-g glucose challenge test; venous plasma glucose is measured one hour later (at 24–28 weeks). Values ≥ 140 mg/dL are considered abnormal.
- **Next step**: Confirm with an oral three-hour (100-g) glucose tolerance test showing any two of the following: fasting > 95 mg/dL; one hour > 180 mg/ dL; two hours > 155 mg/dL; three hours > 140 mg/dL.

**108. Breech presentation, 34 weeks treatment option:**

a) External cephalic
b) Internal cephalic
c) **Wait**
d) Induction

**109. Post-partum hemorrhage happens more commonly with:**

a) **Multiple pregnancies.**
b) Anemia.
c) Preterm delivery.
d) Antithrombin III deficiency

**110. A 34 weeks GA lady presented with vaginal bleeding of an amount more of that of her normal cycle. on examination uterine contracts every 4 min, bulged membrane, the cervix is 3 cm dilated, fetus is in a high transverse lie and the placenta is on the posterior fundus. US showed translucency behind the placenta and the CTG showed FHR of 170, the best line of management is:**

a) **C/S immediately.**
b) Give oxytocin.
c) Do rupture of the membrane.
d) Amniocentesis.

**111. Post D&C the most common site of perforation is the:**

a) **Fundus.**
b) Anterior wall of the corpus.
c) posterior wall of the corpus
d) lat. Wall of the corpus
e) Cervix

**112. 34 years female with HIV, pap smear negative, about cervical cancer screening :**

a) After 3m if negative repeat after 6m
b) **After 6 months if negative repeat annually**
c) After 1y if negative repeat annually

- **PAP screening should begin within three years of the onset of sexual activity or at the age of 21 in a patient with an uncertain history of sexual activity.**
- **HIV+ patients should be screened every six months during their first year of diagnosis and then yearly if the initial tests are negative.**

**113. Primi at 35 weeks of gestation with pre-eclampsia, BP is high with ankle edema, the best to be done**

a) Diuretic.
b) Low salt diet.
c) Labetolol.
d) Immediate delivery.
e) **Maternal-fetal monitoring with continuous hospitalization.**

- **Children of mothers with hypertension in pregnancy plus diuretic treatment in the third trimester were at significantly increased risk of developing schizophrenia.**
- **Labetalol is contraindicated in pregnancy.**
- **Aim for delivery when the pregnancy is at term.**

**114. Couples are trying to have baby for 3 months.**

a) Try more
b) Semen analysis

**115. What is the most complication after hysterectomy?**

a) Ureteral injury
b) Pulmonary embolism
c) Hemorrhage

- **Note:**
  - **Hemorrhage**: Average intraoperative blood loss is 400 mL. Excessive bleeding complicates 1 to 3 percent of hysterectomy
  - **Infection**: Approximately one-third of women undergoing abdominal hysterectomy without antibiotic prophylaxis develop postoperative fever; there is no obvious source in 50 percent
  - **Thromboembolic disease**: The risk of thromboembolism after abdominal hysterectomy in low and high risk patients is 0.2 and 2.4 percent
  - **Ureteral injuries**: In one retrospective study including over 62,000 hysterectomies, the total incidence of ureteral injury after all hysterectomies was 1.0 of 1000 procedures: 13.9 of 1000 after laparoscopic, 0.4 of 1000 after total abdominal

**116. 16 weeks of gestation presented with (++) glycosuria, FBS 4.4, 1 hours PB= 8, 2 hours PB= 7.2**

a) Renal glycosuria.
b) GDM.
c) KM syndrome

- **Renal glucosuria is the excretion of glucose in the urine in detectable amounts at normal blood glucose concentrations or in the absence of hyperglycemia.**
- **In general, renal glucosuria is a benign condition and does not require any specific therapy. Glucosuria may be associated with tubular disorders such as Fanconi syndrome, cystinosis, Wilson disease, hereditary tyrosinemia, or oculocerebrorenal syndrome (Lowe syndrome).**

**117. First sign of magnesium sulfate toxicity is :**

a) Loss of deep tendon reflex
b) Hypotension
c) flaccid paralysis
d) respiratory failure

**118. It is contraindication to stop preterm delivery in the following condition:**

a) aminochoronitis.
b) placenta abruption
c) Preeclampsia.
d) A&b.

**119. Most common site of gonococcus infection in females in:**

a) Cervix
b) Posterior fornix.
c) Urethra.

- **The first place this bacterium infects is usually the columnar epithelium of the urethra and endo cervix.**
- **Non-genital sites in which it thrives are in the rectum, oropharynx and the conjunctivae.**
- **The vulva and vagina are usually spared because they are lined by stratified epithelial cells.**

**120. Before you start instrumental delivery it is important to check if there is:**
a) Face presentation.
b) CPD ( cephalopelvic disproportion )
c) Breech presentation.
d) Cord prolapse

**121. A pregnant female develops lesions on the vulva and vagina and she was diagnosed as genital herpes, what should be included in her future health care?**
a) Cesarean section should be done if the lesions did not disappear before 2 weeks of delivery date
b) Oral acyclovir to treat herpes
c) Termination of pregnancy because of the risk of fetal malformations
d) Avoidance of sexual intercourse for 1 month after the healing of the lesions

- **HSV in pregnant treated by: oral acyclovir 400 mg TID for 5-7 days.**
- **if HSV was present at time of labor: c\section**

**122. Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?**
a) Include family in the therapy
b) Isolation therapy
c) Add very low doses of imipramine
d) Encourage breast feeding

**123. Pregnant lady delivered Anencephaly still birth occurrence of neural tube defect in next pregnancy**
a) 8%
b) 2%
c) 10%

**124. Female patient on the 3rd week postpartum. She says to the physician that the frequently visualizes snakes crawling to her baby's bed. She knows that it is impossible but she cannot remove the idea from her head. She says she wakes up around 50 times at night to check her baby. This problem prevents her from getting good sleep and it started to affect her marriage. What is this problem she is experiencing?**
a) An obsession
b) A hallucination
c) A postpartum psychosis
d) A Delusion

**125. In occipito-posterior malpositioning of the fetal head, all of the following are true except:**
a) 10% of all vertex deliveries.
b) It causes significant delay of labor duration compared to the anterior presentation.
c) Android pelvis is predisposing factor.
d) Flexion of the head helps the rotation to the anterior position.

**126. Regarding weight gain in pregnancy what is true :**
a) Pregnant woman should consume an average calorie 300-500 per day
b) Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth

- **Note: Weight gain during pregnancy:**
  - **100 – 300 Kcal / day , 500 Kcal / day in breastfeeding**
  - **Weight gain: 1 – 1.5 kg / month, 11 – 16 kg gain during pregnancy.**

**127. 25 years old female patient who is with 2ry amenorrhea, her prolactin level is 400 ng/ml. the probability to have pituitary prolactin secreting adenoma is:**

a) <25
b) 25-49
c) **50-74**
d) 75-85
e) >85

- **Prolactin levels in excess of 200 ng/mL are not observed except in the case of prolactin-secreting pituitary adenoma (prolactinoma).**
- **In 50 % of those having high prolactin levels there is radiological changes in the sella turcica**

**128. Which of the following not compatible with head engagement:**

a) vertex at zero station
b) crowning of the head
c) **3/5 head felt in the abdomen**
d) BPD at ischial spines

- **When the fetal head is engaged, 2/5 or less of the head is palpable above the pelvic**

**129. Female with recently inserted IUCD coming with watery brownish vaginal discharge & abdominal pain what is the most likely diagnosis ?**

a) Uterine rupture
b) Ovarian torsion
c) **Bacterial vaginosis**
d) Ectopic pregnancy

**130. Young pregnant lady (Primigravida), 32 weeks of gestation came to you C/O: lower limbs swelling for two weeks duration, She went to another hospital and she was prescribed (thiazide & loop diuretic)... O/E: BP: 120/70, mild edema, urine dipstick: -ve and otherwise normal, The best action is :**

a) continue thiazide & stop loop diuretic
b) cont. loop diuretic & stop thiazide
c) **Stop both**
d) continue both and add potassium sparing diuretic
e) cont. both & add potassium supplement

**131. Female patient with hiatal hernia, which of the following correct?**

a) **It became more severe in pregnancy**

**132. What is an absolute contraindication of OCP :**

a) **History of previous DVT**
b) Ovarian cancer
c) Breast cancer

- **Both history of DVT and breast cancer are absolute contraindication, but in history DVT is more accurate.**

**133. Placenta previa all true except :**

a) Pain less vaginal bleeding
b) **Tone increased of uterus**
c) Lower segmental abnormality
d) Early 3rd trimester

**134. Regarding postpartum Psychosis:**
a) **Recurrences are common in subsequent pregnancies**
b) It often progresses to frank schizophrenia
c) It has good prognosis
d) It has insidious onset
e) It usually develops around the 3rd week postpartum

**135. 38 years old female came to you at your office and her pap smear report was unsatisfactory for evaluation, the best action is :**
a) Consider it normal & D/C the pt.
b) Repeat it immediately
c) Repeat it as soon as possible
d) Repeat it after 6 months if considered low risk
e) **Repeat it after 1 year if no risk**

**136. 8 weeks Primigravida came to you with nausea & vomiting, choose the statement that guide you to hyperemesis gravidarm:**
a) **ketonia**
b) ECG evidence of hypokalemia
c) Metabolic acidosis
d) Elevated liver enzyme
e) Jaundice

- **Laboratory findings include ketonuria, increased urine specific gravity, elevated hematocrit and BUN level , Hyponatremia ,Hypokalemia , Hypochloremia ,Metabolic alkalosis**

**137. Pregnant women G4P3+1, 10 weeks of gestational age came to you with IUCD inserted & the string is out from O.S what is the most important measure :**
a) leave the IUCD & give A.B
b) **leave the IUCD & send to Ob/ Gynaecologist to remove**
c) leave the IUCD
d) Do laparoscopy to see if there is ectopic pregnancy.
e) Reassurance the patient

**138. Pregnancy test positive after :**
a) one day post coital
b) 10 day after loss menstrual cycle
c) One week after loss menstrual cycle
d) **Positive 1 week before the expected menstruation**

**139. Young lady with pelvic pain and menorrhagia examination showed uterine mass, what is the diagnosis?**
a) **Uterine fibroid**
b) Adenomyosis
c) Endometriosis

**140. 35 years G4P2+1, 1year history of irregular heavy bleeding O/E WNL, the most Dx is:**
a) Early menopause
b) Nervous uterus
c) Dysmenorrhea
d) **DUB**
e) Endometriosis

**141. 20 years old married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to role out serious diagnosis is:**

a) CBC
b) ESR
c) **Pelvic US**
d) abdominal XR
e) Vaginal swab for culture & sensitivity.

**142. 45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with her husband since 20 year ago on examination no abdominal tenderness , erythema on lower vagina , mild Gray discharge, no history of UTI or pyelonephritis , Most probable diagnosis:**

a) **Vaginitis**
b) Cystitis
c) CA of vagina
d) Urethritis

- **Types of vaginitis :**
  - **Bacterial Vaginosis ➔Gardnerella**
  - **Vaginal candidiasis ➔ Candida**
  - **Trichomoniasis ➔Trichomonas vaginitis**

**143. Female patient present with thick vaginal discharge color, no itching, vaginal examination by speculum normal, PH: 4, what is the diagnosis?**

a) **Physiological discharge**

**144. Pregnant women present with a mass in her mouth bleeding when brush her teeth by examination mass 3x2 cm, what is the diagnosis?**

a) Aphthous ulcer.
b) cancer
c) **Granuloma**

- **Pyogenic granuloma during pregnancy, the form considered as a pregnancy tumor because of its emergence in the mouth area**
- **Pyogenic granuloma (also known as Eruptive hemangioma, Granulation tissue-type hemangioma, Granuloma gravidarum, Lobular capillary hemangioma, Pregnancy tumor, Tumor of pregnancy**
- **NO treatments**

**145. what is most common cause of death in the first trimester:**

a) **Ectopic pregnancy**

**146. Female with monilial vaginal discharge the treatment is:**

a) **Meconazole cream for 7 days**
b) Fluconazole orally for one day
c) Metronidazole orally for 7 days

**147. Female patient present with itching in the vagina associated with the vaginal discharge, PH:5 , no trichomoniasis infection , pseudohyphae by culture diagnosis :**

a) physiological discharge
b) **Candida infection**

- **Yeast can form pseudohyphae**

**148. Hyperprolactinemia associated with all of the following except:**

a) Pregnancy
b) Acromegaly
c) OCP
d) Hypothyroidism

- **Pregnancy, breastfeeding, mental stress, sleep, hypothyroidism, Use of prescription drugs is the most common cause of hyperprolactinaemia.**
- **In men, the most common symptoms of hyperprolactinaemia are decreased libido, erectile dysfunction, infertility and Gynecomastia**

**149. All are true about ectopic pregnancy except:**

a) ovarian site at 20%
b) cause of death in 1st trimester
c) doubling time of B-hCG
d) can be diagnosed by laparoscopy
e) empty uterus + HCG before 12 weeks is diagnostic

**150. Non-hormonal treatment for post-menopausal flushing?**

a) Paroxetine ( sure 100% )
b) Black choch ( not sure about the spelling )
c) Something estrogen
d) Amlodepine
e) Nortriptyline

**151. Concern obstructed labor one is true:**

1. Common in primigravida
2. Common in occipito-anterior position
3. Caput succedaneum and excessive molding are usual signs
4. Easily to be diagnosed before onset of Labor
5. Oxytocin is used to induced Labor

**152. Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is:**

a) Meconazole cream applied locally
b) Tetracycline
c) Metronidazole
d) Cephtriaxone

**153. Pregnant teacher in her 20 weeks of pregnancy reported 2 of her students developed meningitis. Prophylactic treatment:**

a) Observe for signs of meningitis
b) Meningitis polysaccharide vaccine
c) Ciprofloxacin (500)mg OP once (contraindicated)
d) Ceftriaxone 250)mg IM (or IV) once
e) Rifampicin (600) mg BID for 2 days

**154. Cervicitis + strawberry cervix + mucopurelnt yellow discharge Cervix eroded + friable, what is the diagnosis?**

a) Trachimonus vaginitis
b) Chlamydia
c) Neisseria gonorrhea

**155. All of the following are causes of intrauterine growth restriction (IUGR) except:**
a) Toxoplasmosis
b) CMV
c) Rubella
d) **HSV II**
e) Syphilis

**156. Pregnant lady 28 weeks with Chlamydia infection :**
a) Azithromycin
b) **Erythromycin in pregnant best – treat partners if amox (best)**
c) Doxcyline

- **Erythromycin, 500 mg four times daily for seven days, is the treatment of choice during pregnancy & lactation**

**157. Post-partum hemorrhage management :**
a) **Oxytocin infusion**
b) Misoprostol

**158. 38 weeks pregnant lady with placenta previa marginal with mild bleeding ,cervix 2cm , How to manage :**
a) CS
b) **Spontaneous delivery**
c) Forceps delivery
d) Do amniotomy

**159. Which heart condition is tolerable during pregnancy :**
a) Eisenmenger syndrome
b) Aortic stenosis
c) **Severe mitral regurgitation**
d) Dilated cardiomyopathy with EF 20%
e) Mitral stenosis and the mitral area is 1cm (or mm).

**160. Female patient with hirsutism, obesity, infertility. US show multiple ovarian follicles. Dx:**
a) Klinefelter's syndrome
b) Asherman's syndrome
c) Kallman syndrome
d) **Stein-leventhal syndrome (other name of PCO)**

**161. Female young with few tear vesicles on rose red base and painful on valve :**
a) Syphilis
b) **HSV**
c) Chancroid

**162. Pregnant lady underwent U/S which showed anteriolateral placenta. Vaginal exam the examiner's finger can't reach the placenta:**
a) Low lying placenta
b) Placenta previa totalis
c) Placenta previa marginalis
d) Placenta previa partialis
e) **Normal placenta**

**163. Women 52 years old complaint of loss of libido, dry vagina, loss of concentration, weight gain since 10 months or days, affect marital state, you will give her :**

a) Estrogen
b) Progesterone
c) **Fluxatine**

**164. The most dangerous condition in menopause is:**

a) Ovarian cancer
b) Endometrial cancer
c) **Osteoporosis**

**165. 20 years old age sexual active suffer from pain during intercourse and when do urine analysis was gram negative diplococci intracellular diagnosis is :**

a) **Gonococcal sexual transmitted disease**

**166. Most lethal infection for a pregnant woman:**

a) **Toxoplasmosis**
b) HIV
c) Rubella
d) Measles

**167. 32 years old have 2 children, done a pap smear that showed atypical Squamous , what it is the next step?**

a) Cone biopsy
b) Direct biopsy
c) **Colopscopy**

**168. Patient complain of Dysmenorrhea + Amenorrhea , diagnosis :**

a) **Endometriosis**
b) Endometritis
c) Polyp

**169. Which of the following oral contraceptive drugs cause hyperkalemia:**

a) Normethadone
b) **Ethinyl estradiol**
c) Seradiole

**170. Early pregnant come to your clinic, which of the following is most beneficial to do :**

a) CBC
b) urine pregnancy test
c) **US**
d) MRI
e) blood grouping and Rh

**171. Scenario about premenstrual depression syndrome :**

- **Note:**
  - **Premenstrual syndrome : define as a symptoms complex of physiological emotional symptoms sever enough to interfere with everyday life and occur cyclical during luteal phase of menses**
  - **Premenstrual dysphoric disorder: is a severe form of premenstrual syndrome characterized by severe recurrent depressive and anxiety symptoms with premenstrual (luteal phase) onset that remit a few days after the start of menses.**

**172. Female takes OCPs come with skin changes on the face :**

a) lupus lipura
b) **Melasma**

**173. Question about spontaneous abortion :**

a) 30-40% of pregnancies end with miscarriage
b) Most of them happen in the second trimester
c) **Cervical assessment must be done**

**174. About fetal alcohol syndrome:**

a) Placenta inhibit the passage of alcohol
b) **Will cause fetal retardation and facial features and other Symptoms**
c) It's safe to drink wine and hard something once a week

**175. Secondary amenorrhea :**

a) Due to gonadal agenesis
b) **Sheehan's syndrome**
c) It is always pathological

**176. Patient with herpes in vagina, what is true:**

a) Pap smear every 3 year
b) **CS delivery if infection 2 weeks before delivery**

- **If before (acyclovir). if at time of delivery ( C-S )**

**177. Female with atypical Squamous cells of undetermined significance (ASCUS) on pap smear, started 30 day treatment with estrogen & told her 2come back after 1 weak, & still +ve again on pap smear, what's next**

a) vaginal biopsy
b) **Endometrial biopsy**
c) syphilis serology

**178. female complain of post-coital bleeding was found to have cervical tumors on examination, the next step is:**

a) Cone biopsy
b) Pap smear
c) **Directed biopsy**

**179. The most common antecedent cause of ectopic pregnancy is:**

a) **Salpingitis.**
b) Congenitally anomalous tube.
c) Endometriosis.
d) Tubal surgery.
e) Previous sterilization.

**180. pregnant with uterine fibroid , has no symptoms only abdominal Pain , US showed live fetus What is the appropriate action to do:**

a) Myomectomy
b) Hysteroectomy
c) **Pain management**
d) Pregnancy termination

**181. The drug which is used in seizures of eclamptic origin ( pre eclampsia )**
a) Magnesium sulfate
b) Diazepam
c) Phenytoin
d) Phenobarbital

**182. Female pregnant previously she have DVT you will now give her:**
a) Warfarin
b) Heparin
c) Aspirin
d) Enoxaparin

**183. Pregnant with HIV , the most accurate statement regarding risk of transmission of HIV to the baby :**
a) Likely transmit through placenta
b) Through blood cord
c) Hand contamination of mother
d) By breast feeding

**184. Pregnant on iron supplementation throughout her pregnancy for her anemia, now she comes complaining of weakness and easy fatigability Her Hemoglobin 7, MCV 60, what is the diagnosis?**
a) Iron deficiency Anemia
b) Hypothyroidism
c) Vitamin B12 deficiency
d) Beta thalassemia

**185. Pregnant developed sudden left leg swelling, best management is:**
a) Duplex
b) Rest
c) Heparin

- **All are true**

**186. Female complain of hypotension after she had CS operation what is the management**
a) IV heparin and do CT scan for PE
b) Broad spectrum antibiotic

**187. 14 years old Female complain of irregular bleeding, examination is normal sexual character , normal vagina what to tell her**
a) If pregnancy test and blood is normal this is not a physical illness
b) Take FSH ,LH test

**188. Patient female giving history of menorrhagia since last 3 month, her HB 8 What is the first action to do:**
a) Endometrial biopsy
b) Hospitalization for blood transfusion

**189. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation, Diagnosis?**
a) Premenstrual dysphoric disorder if severe symptoms or premenstrual syndrome

**190. Methylergonevine is in:**
a) Maternal HTN

**191. Lady came with severe bleeding she is Nulligravida HB is 10 by exam there is blood on vagina management will be :**

a) **High dose of oral combined oral contraceptive pills**
b) High dose of NSAID
c) Blood transfusion

- **Estrogens usually control severe acute bleeding quickly. However, when estrogens fail to control it, dilation and curettage, or a D & C, is sometimes necessary**

**192. Old female with itching of vulva ,by examination there is pale and thin vagina , no discharge .what is management :**

a) **Estrogen cream**
b) Corticosteroid cream
c) Fluconazole

- **The most common menopause prescriptions include:**
  - **Hormone replacement therapy or anti-depressants to minimize hot flashes.**
  - **Fosamax or Actonel (non-hormonal medications) to reduce bone loss and reduce the risk of fractures.**
  - **Selective estrogen receptor modulators (SERMs), which mimic estrogen's beneficial effects on bone density.**
  - **Vaginal estrogen, administered locally, to relieve vaginal dryness and discomfort during intercourse**

**193. Trichomoniasis :**

a) Associated with cytological abnormalities on PAP smear
b) Associated with pregnancy and diabetes mellitus
c) **Is a sexually transmitted parasite which causes pruritic discharge**
d) May cause overt warts
e) Is diagnosed on a wet smear which reveals clue cells

- **Trichomoniasis is a sexually transmitted protozoal infection.**
- **It's the most common curable sexually transmitted disease**
- **Causes a yellow-green, malodorous, diffuse discharge in addition to dysuria, frequency, pitechiae on vagina and cervix, irritated and tender vulva.**
- **Saline (wet mount) will show motile flagellated organisms, WBCs and inflammatory cells.**
- Treatment 2 gm metronidazole single dose P.O. (same for pregnancy) treat partner.

**194. Pregnant women has allergy against Sulfa, penicillin and another drug , which drug safe for her**

a) **Nitrofurantoin**
b) Cemitidine
c) Ciprofloxacin
d) Trimethoxazole

**195. female with negative pap smear you should advice to repeat pap smear every:**

a) 6m
b) **12m**
c) 18m
d) no repeat

- **Screening Pap smears:**
  - **Starting at age 21 years or no more than 3 years after becoming sexually active**
  - **Women > 30 years who have three consecutive normal tests screening (1 / 3 years).**
  - **Screening should be discontinuing for women > 60-70 years who have had 3 or more normal Pap smear**

**196. Pregnant woman with UTI which is the best antibiotics to be given if she has no allergy?**

a) **Nitrofurantoin**
b) Ampicillin
c) Sulfatrimethoprim
d) Tetracyclin
e) Aminoglycoside

**197. Lady, multipara, with 1 y history of stress incontinence your treatment?**

a) **Bulking of floor**
b) Koplet Exercise

- **The answer is kegel exercise ( got 5\5 in gyne )**

**198. Which of following increase during pregnancy?**

a) **Tidal Volume**
b) Functional residual volume
c) Total lung Capacity
d) Residual volume
e) Dead Lung Space

**199. Old age women she did a Pap smear which was negative then after 7 years she did another Pap smear which show Squamous metaplasia undifferentiated, So what your next step ?**

a) Repeat a Pap smear after 1 year
b) HPV testing
c) **Colposcopy**

**200. 62 years old female complaining of pruritis of pupic area, with bloody discharge she use many treatment but no improvement, then she developed pea shape mass in her labia, she went to you to show you this mass what will come to your mind as diagnosis**

a) **Bartholin’s cyst**
b) Bartholin’s gland carcinoma
c) Bartholin’s gland basses

- **Bartholin’s cyst is formed when a Bartholin's gland is blocked, causing a fluid-filled cyst to develop. A Bartholin's cyst, it can be caused by an infection, inflammation, or physical blockage to the Bartholin's ducts If infection sets in, the result is a Bartholin's abscess. If the infection is severe or repeated a surgical procedure known as marsupialization**

**201. The most common causes of precocious puberty**

a) **Idiopathic**
b) Functional ovary cysts
c) Ovary tumor
d) Brain tumor
e) Adenoma

**202. Lactating women 10 days after delivery developed fever, malaise, chills tender left breast with hotness and small nodule in upper outer quadrant with axillary LN. Leucocytic count was 14 *10/L dx:**

a) Inflammatory breast cancer
b) **Breast abscess**
c) Fibrocystic disease

**203. In pregnancy**

a) Cardiac output will decrease
b) **Cardiac output will increase more than non pregnant**

**204. Not use in the prevention of preeclampsia with + protein urea & LL edema :**

a) Admission & bed rest
b) **Diuretics**
c) Non-stress test
d) Regular sonogram of baby

**205. Women complain of non-fluctuated tender cyst for the vulva. came pain in coitus & walking , diagnosed Bartholin's cyst, what is the treatment?**

a) **incision & drainage**
b) refer to the surgery to excision (after you reassure her)
c) reassurance the patient
d) give AB

**206. Pregnant lady in 3rd trimester DM on insulin, patient compliance to medication but has hyperglycemic attacks, the common complication on fetus is:**

a) hyperglycemia
b) **hypoglycemia**
c) hypocalcaemia
d) hyponatremia

**207. Pregnant patient want to take varicella vaccine, what you will tell her?**

a) **That is a live vaccine**
b) It is ok to take it

**208. Pregnant lady has history of 2M pregnancy gestation, in investigations increase β-HCG, no fetal parts in U/S, what is diagnosis?**

a) **Trophoblastic disease**

**209. Pregnant lady 16 w GA on U/S fetus small for age, P/E uterus size 12w, what is the diagnosis:**

a) Chorionic carcinoma
b) Hydatiform mole
c) Tumor at placenta

- **All are false**

**210. Pregnant with vaginal bleeding 2-3 hrs at 36 weeks gestational age has 3 NVD. Important to ask:**

a) **Smoking**
b) intercourse

**211. Not correct during management of labor:**

a) Intensity of uterine contractions can be monitored manually.
b) Maternal vital signs can vary relative to uterine contractions.
c) Food &oral fluid should be withheld during active labor
d) **Advisable to administer enema upon admission**
e) IVF should be administered upon admission

**212. What requirements must be fulfilled before instrumental delivery can be performed?**

a) Trained operator
b) Legitimate indication
c) **Cervix fully dilated**

- **Rare exception = in multiple before 10cm dilation if fetal distress**

**213. In a vesicular mole:**

a) B-hCG is lower than normal
b) fundal height in lower than normal
c) fetal heart can be detected
d) **Ovarian cyst is a common association**
e) hypothyroid symptoms may occur

**214. Which of the following tests is mandatory for all pregnant women?**

a) HIV
b) Hepatitis B surface antigen
c) VDRL (veneral disease research laboratory)
d) **all of them are mandatory**

**215. Which of the following suggests enormous ovarian cyst more than ascites?**

a) Fluid wave
b) Decrease bowel motion
c) Shifting dullness
d) Tympanic central, dullness lateral
e) **Dullness central, tympanic lateral**

**216. Perinatal asphyxia caused by all EXCEPT :**

a) Abruptio placenta
b) **Hyper emisis gravidium**
c) Pre-eclampsia

**217. Healthy 28 years old lady P1+0 presented to you with 6 months amenorrhea. What is the most likely cause for her amenorrhea?**

a) **Pregnancy (the most common cause of 2nd amenorrhea is pregnancy)**
b) Turner syndrome (cannot be, bcz they have ovarian dysgenesis → infertility)

**218. Action of contraceptive pills:**

a) Inhibition of estrogen and then ovulation
b) Inhibition of prolactin then ovulation
c) Inhibition of protozoa by change in cervical mucosa
d) **Inhibition of midcycle gonadotropins then ovulation**
e) Inhibition of implantation of the embryo

**219. Dyspareunia caused by all of the following EXCEPT :**

a) Cervicitis
b) Endometriosis
c) Lack of lubricant
d) Vaginitis
e) **Uterine prolapse**

**220. Anti D Immunoglobulin, not given to a pregnant if :**

a) 25- 28 wk
b) **anti D Ab titer of 1:8**
c) after amniocentesis
d) after antepartum hemorrhage
e) after chorion villi biopsy

- **Anti-D is routinely given to un-sensitized mothers at 28 and 34 wks of gestation**
- **Fetomaternal hemorrhage sensitizes susceptible mothers to develop anti-D antibodies (e.g. Birth, Miscarriage, abortion, amniocentesis, vaginal bleeding, external cephalic version ..etc)**
- **Indications for Anti-D The initial response to D antigen is slow sometimes taking as long as 6 months to develop (rising titers)**

**221. Blockage of first stage labor pain by :**

a) **block of the lumbosacral plexus afferent**
b) block of the lumbosacral plexus efferent
c) block of the pudendal nerve
d) block of sacral plexus

**222. Premenstrual tension :**

a) More in the first half of menses
b) 60% associated with edema
c) **Associated with eating salty food**
d) Menorrhagia

- **Premenstrual syndrome** (PMS) is a recurrent luteal phase condition ($2^{nd}$ half of menses) characterized by physical, psychological, and behavioral changes of sufficient severity to result in deterioration of interpersonal relationships and normal activity
- **The most common signs and symptoms** associated with premenstrual syndrome include:
  (1) **Emotional and behavioral symptoms**
    - Tension or anxiety Depressed mood Crying spells Mood swings and irritability or anger Appetite changes and food cravings Trouble falling asleep (insomnia)
    - Social withdrawal
    - Poor concentration

  (2) **Physical signs and symptoms**
    - Joint or muscle pain Headache Fatigue Weight gain from fluid retention Abdominal bloating
    - Breast tenderness
    - Acne flare-ups
    - Constipation or diarrhea
    - One study has shown that women with PMS typically consume more dairy products, refined sugar, and **high-sodium foods** than women without PMS. Therefore, avoidance of salt, caffeine, alcohol, chocolate, and/or simple carbohydrates may improve symptoms.

**223. If a pregnant eating well balanced diet, one of the following should be supplied :**

a) Ca++
b) phosphate
c) vitamin C
d) **none of the above**

**224. All of the following are normal flora and should not treated, EXCEPT:**
a) **Trichomonus**
b) candida
c) E.coli
d) fragmented bacteria

**225. All the following drugs should be avoided in pregnancy EXCEPT:**
a) Na+ Valproate.
b) Glibenclamide.
c) **Keflex**
d) Septrin.
e) Warfarin.

**226. Cord prolapse occurs in all EXCEPT:**
a) Premature rupture of membranes.
b) Preterm delivery with rupture of membranes.
c) **Oligohydramnios**
d) Head high in pelvis.

**227. Breech presentation all true , EXCEPT:**
a) **Breech after 36 weeks about 22%**
b) Known to cause intra-cranial hemorrhage
c) Known with prematurity

**228. Sign and symptoms of normal pregnancy, EXCEPT:**
a) **Hyperemesis**
b) Hegar sign
c) Chadwick's sign
d) Amenorrhea

- **Hegar sign: softening of the lower uterine segment**
- **Chadwick's sign : bluish discoloration to the cervix and vaginal walls**

**229. In twins all true, EXCEPT :**
a) Dizygotic more common than monozygotic
b) **In dizygote more twin-to twin transfusion**
c) Physical changes double time than single form
d) U/S can show twins

**230. In lactation all true, EXCEPT:**
a) Sucking stimulate prolactin
b) Sucking cause release of oxytocin
c) **Milk release decreased by over hydration**

**231. Patient with postpartum hemorrhage & infertility, all can be found EXCEPT:**
a) **Ballooning of sella turcica**
b) Decrease Na
c) Hypoglycemia
d) Decreased T4
e) Decreased iodine uptake

**232. Placenta previa, all true EXCEPT:**

a) Shock out of proportion of bleeding
b) Malpresentation
c) Head not engaged
d) Painless bleeding

**233. Pelvic inflammatory disease all true EXCEPT:**

a) Infertility
b) Endometriosis
c) Dyspareunia
d) Can be treated surgically

**234. Recurrent abortion:**

a) Genetic abnormality "Most Common"
b) Uterine abnormality
c) Thyroid dysfunction
d) DM
e) Increased prolactin "Except"

**235. DIC occur in all ,EXCEPT:**

a) Abruptio placenta
b) Fetal death
c) DM
d) Pre-eclampsia

**236. Pregnancy induced HTN, all true EXCEPT:**

a) Ankle edema
b) Polyuria
c) Exaggerated reflex
d) RUQ pain

**237. Pyelonephritis in pregnancy , all true except:**

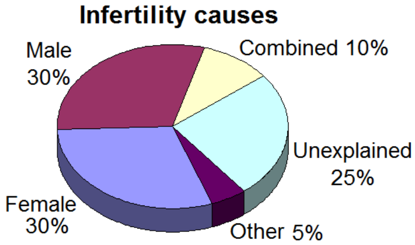
a) Gentamycin is drug of choice
b) Abruptio placenta should ruled out
c) E .coli common organism
d) Should be treated even for asymptomatic

**238. The following drug can be used safely during pregnancy:**

a) Septrin
b) Cephalexin
c) Tetracycline
d) Aminoglycoside
e) Cotrimoxazol

**239. Post pill amenorrhea, all true except:**

a) Need full investigation if persist >6 months
b) Pregnancy should be considered
c) Prolonged use of contraceptive pill will increase risk of post pill amenorrhea
d) More common in women who had irregular periods




**240. Infertility, all true, except:**
a) **Male factor present 24%**
b) Normal semen analysis is >20,000,000
c) Idiopathic infertility is 27%
d) High prolactin could be a cause

- **In Britain, male factor infertility accounts for 25% of infertile couples, while 25% remain unexplained. 50% are female causes with 25% being due to anovulation and 25% tubal problems/other.**

**241. Vaginal trichomoniasis, all are true, EXCEPT:**
a) **More in diabetic**
b) Protozoal infection
c) Diagnosed by microscopic examination of diluted vaginal smear
d) Treated by Metronidazole.

**242. Primary amenorrhea due to:**
a) Failure of canalization of mullarian duct
b) Kallmann syndrome
c) Agenesis
d) **All of the above**
e) None of the above

- **Primary amenorrhea:**
  - **No menses by age of 14 and absence of 2ry sexual characteristic**
  - **No menses by age of 16 with presence of 2ry sexual characteristic**
  - **Causes: Gonadal dysgenesis 30%, Hypothalamic-pituitary failure e.g Kallmann syndrome (deficient GnRH), congenital absence of uterus (20%) "Agenesis of Mullerian system", Androgen insensitivity (10%),**

**243. 16 years old pregnant, which of the following is the least likely to be a complication of her pregnancy?**
a) Anemia
b) Pelvic complication
c) Toxemia
d) Low birth weight infant
e) **Infant mortality**

**244. The following are risk factors of puerperal infection EXCEPT:**
a) **Endometriosis**
b) Cervical laceration
c) Hemorrhage
d) Anemia
e) Retained placenta

- **Predisposing factors, such as prolonged and premature rupture of the membranes, prolonged (more than 24 hours) or traumatic labor, cesarean section, frequent or unsanitary vaginal examinations or unsanitary delivery, retained products of conception, hemorrhage, and maternal couditions, such as anemia or dehilitation from malnutrition**

**245. What is true regarding transdermal estrogen and OCP :**
a) **Transdermal needs less compliance in comparison to OCP**
b) Transdermal causes more DVT
c) Transdermal is less effective in contraception in comparison to OCP

**246. It should be 5% is the recurrence rate and 20% in monozygotic twin :**

a) **8%**
b) 2%
c) 10%
d) 20%

**247. Indication of hepatitis during pregnancy is high level of :**

a) WBC
b) Alkaline phosphatase
c) **SGOT (AST)**
d) BUN

- **LFT during normal pregnancy: Decrease total protein and albumin. Increase in liver dependant clotting factors.Increase in transport proteins ceruloplasmin, transferrin and globulin. ALP increase by 2-4 folds. AST/ALT should remain normal. Bilirubin should remain normal.**

**248. Toxemia in pregnancy, all are true EXCEPT:**

a) More in Primigravida than multigravida.
b) More in multiple pregnancy
c) **Can progress rapidly to toxemia.**

- **Toxaemia of pregnancy is a severe condition that sometimes occurs in the latter weeks of pregnancy.**
- **It is characterized by high blood pressure; swelling of the hands, feet, and face; and an excessive amount of protein in the urine. If the condition is allowed to worsen, the mother may experience convulsions and coma, and the baby may be stillborn.**
- **Risk factors:**
  1) **Primigravida**
  2) **Previous experience of gestational hypertension or preeclampsia**
  3) **Family history of preeclampsia**
  4) **Multiple gestation**
  5) **women younger than 20 years and older than age 40**
  6) **Women who had high blood pressure or kidney disease prior to pregnancy**
  7) **Obese or have a BMI of 30 or greater**

**249. Pre-eclampsia :**

a) Commoner in multipara than primigravida
b) Mostly in diabetic
c) **Headache and blurred vision**
d) Progress very fast to eclampsia

**250. Infertility due to endometriosis ,Rx:**

a) Progesterone
b) **Danazol**
c) Radiotherapy

- **Laparoscopy → the best "surgical treatment"**

**251. Pregnant patient with hepatitis, diagnosed by:**

- **Screening: hepatitis surface antigen.**
- **After screening do liver function tests and hepatitis panel**

**252. Patient with history of prolonged heavy bleeding 2 hours postpartum, you will give:**
a) Ringers lactate
b) NS
c) **NS+ packed erythrocytes (PRBC)**

- **Increase in:**
  1) **pregnancy Dating error**
  2) **multiple fetuses**
  3) **placental bleeding**
  4) **open neural tube defect**
  5) **ventral wall defect (omphalocele - gastrosdisis)**
  6) **renal anomalies (polycystic or absent kidneys –congenital nephrosis), fetal demise& sacrococcygeal**

**253. 25 year old pregnant presented with fever and sore throat (in flu season) then she developed nonproductive cough and dyspnea, she was extremely hypoxic, what is the most likely diagnosis?**
a) Pseudomonas pneumonia
b) **Staph pneumonia**
c) Strept pharyngitis
d) Viral pneumonia

**254. Patient presented with PV bleeding, how can you differentiate between abrupto placenta and spontaneous abortion?**
a) oss discharge
b) pain
c) **Gush of blood**

**255. 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3 Weeks to 2 months ranging from spotting to 2 packs per day, she had secondary sexual characteristic 1 year ago and had her menstruation since 6 months on clinical examination she is normal sexual characteristic, normal pelvic exam appropriate action**
a) **OCP can be used**
b) You should ask for FSH and prolactin level

**256. Women with history of multiple intercourse had ulcer in cervix 1st line investigation :**
a) **Pap smear**
b) Cervical biopsy
c) Vaginal douch and follow up after 4 weeks

**257. 14 years old presented with irregular bleeding per vagina, she started to have 2ndry sexual characters 9 months ago, and menarche 6 months ago. Her menstruation differs from spotting to two pads per day. She denies sexual activity, stress, and severe exercise. What will you do?**
a) **If pregnancy test and blood work is normal it’s not an illness**.
b) OCP will improve her health

**258. Surveillance of patient on hormone replacement therapy includes all of the following except:**
a) **Blood pressure.**
b) Breast examination.
c) Glucose tolerance test.
d) Pelvic examination.
e) Endometrial sampling in the presence of abnormal bleeding

**259. Age of menopause is predominantly determined by:**
a) Age of menarche.
b) Number of ovulation.
c) Body mass index.
d) Socioeconomic status.
e) **Genetics**

**260. Pregnant lady with no fetal movement; platelets 75000, what is the diagnosis?**
a) **Autoimmune pregnancy**

- **Low platelet levels→** marker for pre-eclampsia, autoimmune diseases such as systemic lupus erythematosus (SLE) and Idiopathic Thrombocytopenia Purpura (ITP)
- **Elevated platelet levels→** may indicate thrombocythemia

**261. Following evacuation of a molar pregnancy, B-hCG titers will fall to undetectable levels in about 90% of patient within:**
a) 2 weeks
b) 4 weeks
c) 8 weeks
d) 10 weeks
e) **12-16 weeks**

**262. 16 years old female presents to your office with a chief complaint of never having had a menstrual period. She had never had a pelvic exam. Physical exam reveals the following: (BP110/70, Pulse 72, weight 60kg & Ht172). The patient appears her stated age. Axillary and pubic hair is scant. Breasts are tanner stage IV. External genitalia are normal female. A mass is palpable within the inguinal canal. Pelvic exam reveals an absent cervix with the vagina ending in a blind pouch. The uterus and ovaries are difficult to delineate. What is the most likely diagnosis?**
a) Hypothalamic amenorrhea.
b) Prolactin secreting adenoma
c) Polycystic ovarian syndrome
d) Turner syndrome
e) **Androgen insensitivity syndrome**

**263. Confirmation of your diagnosis would be most readily obtained by ordering the following test:**
a) Diagnostic laparoscopy
b) Pelvic ultrasound.
c) Pelvic CT.
d) **Karyotype**
e) MRI of pituitary

**264. Lady with post coital spotting, dysuria**
a) **Chlamydia**

**265. Karyotype is performed on the patient's peripheral blood lymphocytes. The karyotype is most likely is:**
a) 46 XX
b) 45 X
c) **46 XY**
d) 46 XX
e) 47 XXY

**266. Patient with erythematous cervix with punctate areas of exudation (strawberry cervix ):**
a) **Trichomonas vaginalis**

**267. The hormone profile in this patient would include all of the following EXCEPT:**
a) Elevated LH
b) Elevated estradiol for a male
c) Normal to elevated FSH
d) Normal to slightly elevated testosterone for a male
e) **Normal testosterone for a female**

**268. The inguinal mass most likely represents**
a) uterus
b) Ovary with arteric follicles
c) **Testis with hyperplastic leyding cells and no evidence of spermatogenesis**
d) Herniated sac containing a peritoneal contents

**269. The most long term treatment would be:**
a) Total abdominal hysterectomy
b) **Estrogen replacement therapy**
c) Androgen replacement therapy
d) Oophorectomy

**270. All of the following are true about this patient except:**
a) H-Y antigen is present
b) These patients are always sterile
c) Antimullerian hormone is present
d) Normal levels of dihydrotestosterone
e) **Clitromegaly may develop later in life**

- **30%of women with a Y chromosome do not have virilization**
- **Androgen insensitivity (10%), which is also known as MALE pseudohermaphroditism: the genitalia are opposite of the gonads.**
- **Breasts are present but a uterus is absent. Such individual have 46,XY karyotype with a body (incomplete forms) that lacks androgen receptors**
- **Mullerian inhibitory factor, produced by the testis result in involution of 5$^{th}$ mullerian duct and its derivatives. So there will be an external genitalia development, axillary and pubic hair growth is dependent on androgen stimulation. Because no androgen is recognized by the body, there will be no pubic &axillary hair development.**
- **Female breast develops in response to the estrogen normally produced by male testes.**
- **Examination: normal female phenotype, but no pubic or axillary hair growth, Short blind vaginal pouch, no uterus, cervix or proximal vagina. Undescended testes are palpable in the inguinal canal.**
- **Diagnosis is confirmed by normal male testosterone levels and a normal male 46,xy karyotype.**
- **Management: is by neovagina, gonads should be removed and estrogen replacement therapy should be then administered**.

**271. Without surgery, this patient is at risk to develop:**
a) Gonadoblastoma
b) **Dysgerminoma**
c) Neither

**272. All of the following result from combined estrogen-progestin replacement therapy except:**

a) Decrease the risk of osteoporosis.
b) Relief of vasomotor symptoms.
c) Relief of dyspareunia.
d) **Increase the risk of coronary artery disease.**
e) Decrease the risk of coronary artery disease.

- **Recent controlled, randomized study found HRT may actually prevent the development of heart disease and reduce the incidence of heart attack in women between 50 and 59, but not for older women**

**273. All of the following are characteristic changes seen in menopause except:**

a) **Decrease body fat**
b) Decrease skin thickness.
c) Increase facial hair.
d) Decrease collagen content in the endopelvic fascia.

- **Changes of menopause include**:
  - **Changes in menstrual cycle (longer or shorter periods, heavier or lighter periods, or missed periods)**
  - **Hot flashes**
  - **Night sweats (hot flashes that happen while sleep)**
  - **Vaginal dryness**
  - **Sleep problems**
  - **Mood changes (mood swings, depression, irritability)**
  - **Pain during sex**
  - **More urinary infections**
  - **Urinary incontinence**
  - **Less interest in sex**
  - **Increase in body fat around the waist**
  - **Problems with concentration and memory**

**274. Management of possible ruptured ectopic pregnancy would include all of the following except:**

a) Exploratory laparotomy.
b) Diagnostic laparoscopy followed by observation.
c) Partial salpingectomy.
d) Total salpingectomy.
e) **Observation followed by methotrexate**

**275. 25 year old G3P1 present to the emergency room complaining of lower cramp abdominal pain 6 weeks from her last normal period .She has had significant vaginal bleeding but no passage of tissue, what is the most likely diagnosis?**

a) Incomplete abortion.
b) Complete abortion.
c) Missed abortion.
d) Threatened abortion.
e) **Ectopic pregnancy.**

**276. Pregnancy induced hypertension, all true except:**

a) **Use of birth control pills increases the risk**
b) Common in primigravida

**277. The most important step in this pt's evaluation should be:**
a) **Sonography**
b) Physical exam.
c) CBC.
d) Quantitative B-hCG.
e) Detailed menstrual history.

**278. Diagnosis of hydatidiform mole can be made accurately on the basis of:**
a) Elevated B-hCG.
b) **Pelvic U/S.**
c) Pelvic exam.
d) Chest radiograph.
e) Absence of fetal heart tones in a 16 weeks size uterus.

- **Diagnosis is based on a typical sonographic "snowstorm" pattern.**
- **The following findings also support a diagnosis of hydatidiform mole:**
  - **Absence of a gestational sac, by ultrasound assessment, or absence of fetal heart tones, by Doppler, after 12 weeks.**
  - **Pregnancy test showing elevated human chorionic gonadotropin (hCG) serum levels greater than 100,000 IU.**
  - **Development of preeclampsia prior to 20 weeks.**
  - **Uterine size greater than estimated gestational size.**
  - **Vaginal bleeding.**

**279. After the B-hCG titer become undetectable, the patient treated for hydatidiform mole should be followed with monthly titers for a period of:**
a) 3 months
b) 6 months
c) **1 year**
d) 2 years

**280. Transvaginal ultrasonography would most likely reveal:**
a) Fetal heart motion.
b) An intact gestational sac.
c) A discrete yolk sac
d) **A thickened endometrium with no gestational sac**
e) Fetal heart motion in the adnexae.

**281. Ectopic pregnancy can be ruled out with a high degree of certainty if:**
a) The pt has no adnexal tenderness.
b) B-hCG level is <6,000.
c) The uterus measures 6 wk size on bimanual exam.
d) **An intrauterine gestational sac is observed.**
e) Tissue is observed in cervical os

**282. An Rh - woman married to an Rh+ man should receive Rh immune globulin under which of the following conditions?**
a) Ectopic pregnancy
b) External cephalic version
c) **Both**
d) Neither

**283. Physical exam reveals the uterus to be about 6 weeks size. Vaginal bleeding is scant with no discernible tissue in the cervical os. There are no palpable adnexal masses. The uterus is mildly tender. Ultrasonographic exam does not reveal a gestational sac. Which of the following should be recommended?**

a) Dilatation & curettage.
b) Culdocentesis.
c) Observation followed by serial B-HCG determinations.
d) **Diagnostic laparoscopy.**
e) Laparotomy

**284. Vomiting in pregnancy, all true except**

a) **Hospital admission causes it**
b) More in molar pregnancy
c) More in pregnancy induced hypertension

**285. The most common presenting symptom of ectopic pregnancy is:**

a) Profuse vaginal bleeding.
b) **Abdominal pain**
c) Syncope.
d) Dyspareunia.
e) Decrease pregnancy associated symptoms.

- **The classic symptoms of ectopic pregnancy are:**
  1) **Abdominal pain**
  2) **Amenorrhea**
  3) **Vaginal bleeding**
- **These symptoms can occur in both ruptured and un-ruptured cases. In one representative series of 147 patients with ectopic pregnancy (78 % were ruptured), abdominal pain was a presenting symptom in 99 %, amenorrhea in 74% and vaginal bleeding in 56%**

**286. If the above patient presented at 8 weeks gestation & pelvic exam revealed unilateral adnexal tenderness w/o discernible mass, consideration should be given:**

a) Observation.
b) Culdocentesis.
c) **Laparoscopy.**
d) Dilatation & curettage.
e) Laparotomy.

**287. The majority of ectopic pregnancies occur in the:**

a) **Ampullary tube**
b) Ovary.
c) Isthmic tube.
d) Cervix.
e) Fimbriated (distal) tube.

**288. Drugs that should be avoided during pregnancy include all of the following except:**

a) Cotrimox
b) **Cephaeline**
c) Na valproate
d) Doxicyclin
e) Glibenclamide

**289. If a woman with preeclampsia is not treated prophylactically to prevent eclampsia; her risk of seizure is approximately:**

a) 1/10
b) 1/25
c) 1/75
d) 1/200
e) 1/500

**290. If the above described patient has had a previous term pregnancy prior to her current ectopic pregnancy, her chances of subsequent intrauterine pregnancy would be about:**

a) 80%.
b) 60%.
c) 40%.
d) 20%.
e) <10%.

- **Those with previous normal pregnancy have about 80% after their ectopic pregnancy to achieve intrauterine pregnancy. a study of surgical and medical therapy of ectopic pregnancy reported the rates of recurrent ectopic pregnancy after single dose methotrexate, salpingectomy, and linear salpingostomy were 8, 9.8, and 15.4 percent, respectively Women who have had conservative treatment for ectopic pregnancy are at high risk (15 % overall) for recurrence.**

**291. In normal pregnancy, the value of B-HCG doubles every :**

a) 2 days.
b) 4 days.
c) 8 days.
d) 10 days.
e) 14 days.

- **Studies in viable intrauterine pregnancies have reported the following changes in serum hCG: The mean doubling time for the hormone ranges from 1.4 to 2.1 days in early pregnancy.**
- **In 85 percent of viable intrauterine pregnancies, the hCG concentration rises by at least 66 percent every 48 hours during the first 40 days of pregnancy; only 15 percent of viable pregnancies have a rate of rise less than this threshold.**

**292. Syndrome seen in preeclamptic women called HELLP syndrome is characterized by all of the following except:**

a) Elevation of liver enzymes.
b) Hemolysis.
c) Low platelet count.
d) Prolongation of the prothrombin time.

- **Thrombocytopenia (<100,000) due to hemolysis, elevated liver enzyme levels, and low platelet count (<150)(HELLP) syndrome**

**293. All of the following are seen in utero with alloimmune hypdors EXCEPT:**

a) Anemia
b) Hyperbilirubinemia
c) Kenicterus
d) Extramedullary hematopoiesis
e) Hypoxia

**294. A serum progesterone value <5 ng/ml can exclude the diagnosis of a viable pregnancy with a certainty of:**
a) 20%.
b) 40%.
c) 60%.
d) 80%.
e) **100%.**

- **A meta-analysis of 26 studies on the performance of a single serum progesterone measurement in the diagnosis of ectopic pregnancy found that a level less than 5 ng/mL (15.9 nmol/L) was highly unlikely to be associated with a viable pregnancy: only 5 of 1615 patients (0.3 percent) with a viable intrauterine pregnancy had a serum progesterone below this value**

**295. The most common presenting prodromal sign or symptom in patient with eclampsia is:**
a) RUQ abdominal pain.
b) Edema.
c) **Headache.**
d) Visual disturbance.
e) Severe hypertension.

**296. Which of the following drugs does not cross the placenta**
a) **Heparin**
b) Chloramphenicol
c) Tetracycline
d) Warfarin
e) Diazepam
f) Aspirin

- **Chloramphenicol causes Gray baby syndrome while tetracycline causes teeth defects in the child, warfarin causes birth defects, and diazepam causes exaggerated reflexes in the newborn. Aspirin causes intracranial bleeding.**

**297. The most consistent finding in patient with eclampsia is:**
a) Hyper reflexia.
b) 4+ proteinuria.
c) Generalized edema.
d) DBP >110mmHg.
e) **Convulsions.**

- **Features of eclampsia include:**
  1) Seizure or postictal status 100%.
  2) Headache 80%.
  3) Generalized edema 50%.
  4) Vision disturbance 40 %.
  5) Abdominal pain with nausea 20%.
  6) Amnesia & other mental status changes.

**298. Risk factors for HSV2 in infants include all the following except:**
a) Cervical transmission is commoner than labial transmission
b) Maternal first episode is of greater risk for infants
c) **Maternal antibodies for HSV 1 protects against HSV2.**
d) Head electrodes increased the risk of infection

**299. Eclampsia occurring prior to 20 weeks gestation is most commonly seen in women with:**
a) History of chronic hypertension.
b) Multiple gestations.
c) **Gestational trophoblastic disease (molar pregnancy)**
d) History of seizure disorder.
e) History of chronic renal disease.

- **Eclampsia prior to 20 weeks gestation is rare & should raise the possibility of underlying molar pregnancy or antiphospholipid syndrome.**

**300. Appropriate responses to an initial eclamptic seizure include all of the following except:**
a) **Attempt to abolish the seizure by administering I.M diazepam.**
b) Maintain adequate oxygenation.
c) Administer MgSO4 by either I.M or I.V route.
d) Prevent maternal injury.
e) Monitor the fetal heart rate.

- **The goal of management is to limit maternal and fetal morbidity until delivery of the neonate, the only definitive treatment for eclampsia.**
- **Supportive care for eclampsia consists of close monitoring, invasive if clinically indicated; airway support; adequate oxygenation; anticonvulsant therapy; and BP control.**
- **Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (e.g., diazepam, phenytoin [Dilantin]), magnesium sulfate has a lower risk of recurrent seizures with non-significant lowering of perinatal morbidity and mortality.**

**301. Most of the causes of infection**
a) Anemia which is most probably the cause during pregnancy
b) **Retained placenta**
c) Hemorrhage during pregnancy
d) Endometriosis

**302. One of the following drugs is safe in pregnancy:**
a) Metronidazole is unsafe in first trimester
b) Chloramphenicol in last trimester
c) **Erythromycin estolate is safe in all trimesters**
d) Nitrofurantoin

**303. Likely contributory mechanisms of the anticonvulsant action of MgSO4 include all of the following except:**
a) Neuronal calcium-channel blockade.
b) Peripheral neuromuscular blockade.
c) Reversal of cerebral arterial vasoconstrictions.
d) **Inhibition of platelet aggregation.**
e) Release of endothelial prostacyclin.

**304. Which is true about gonoccocal infection?**
a) Less common in females with IUCD.
b) **Causes permanent tubal blocking.**
c) No need for laparoscopic for further evaluation.

**305. Non-contraceptive use of combined oral contraception include :**

a) Menorrhagia
b) Primary dysmenorrheal
c) Functional small ovarian cyst
d) **All of the above**

**306. All of the following antihypertensive medications are considered safe for short term use in pregnancy except:**

a) **Captopril**
b) Methyldopa.
c) Hydralazine.
d) Nifedipine.
e) Labetalol

- **Complications seen with fetuses exposed to captopril:**
  1) **Low blood pressure (hypotension)**
  2) **Developmental problems with the nervous system**
  3) **Developmental problems with the cardiovascular system**
  4) **Developmental problems with the lungs**
  5) **Kidney failure**
  6) **Deformities of the head and face**
  7) **Loss of life.**
- **These drugs should be avoided during pregnancy:**
  1) **Alcohol**
  2) **Antianxity agents** (fluoxetine is now the drug of choice for anxiety and depression during pregnancy)
  3) **Antineoplastic agents**
  4) **Anticoagulants** (coumarin derivative like warfarin) but heparin can be used because it does not cross
  5) **Anticonvulsants "**Carbamazepine and valproic acid are associated with increased risk for spina bifida"
  6) **Diuretics**
  7) **Retinoid**

**307. The reason to treat severe chronic hypertension in pregnancy is to decrease the:**

a) Incidence of IUGR.
b) Incidence of placental abruption.
c) Incidence of preeclampsia.
d) **Risk of maternal complication such as stroke.**

- **Risks of severe chronic hypertension in pregnancy affect the mother more. It may include, but are not limited to, the following:**
  1) **blood pressure increasing**
  2) **congestive heart failure**
  3) **bleeding in the brain**
  4) **kidney failure**
  5) **placental abruption (early detachment of the placenta from the uterus)**
  6) **blood clotting disorder**
- **Risks to the fetus and newborn depend on the severity of the disease and may include, but are not limited to, the following:**
  1) **Intrauterine growth restriction (IUGR) - decreased fetal growth due to poor placental blood flow.**
  2) **pre-term birth (before 37 weeks of pregnancy)**
  3) **stillbirth**

**308. An Rh- ABO incompatible mother delivers an Rh+ infant at term and does not receive Rh immune globulin. The probability of detection of anti-D antibody during her next pregnancy is about.**

a) 2%
b) 5%
c) 10%
d) 16%
e) 25%

- **Isoimmunization occur when:**
  1) **Rh negative women pregnancy with +Rh baby**
  2) **Sensitization rants**
  3) **incompatible blood transfusion**
  4) **fetal placental hemorrhage (ectopic pregnancy)**
  5) **any type of abortion**
  6) **Labor and delivery**
- **Isoimmunization really occur for 1st child**
- **Risk for next pregnancy is 16% which reduce by Exogenous Rh 1gG given to mother to less than 2%**
- **Anti Rh 1gG cross the placenta and can cause fetal RBC hemolysis which cause (anemia – CHF – edema – ascitis) and in sever case cause, fetal hydrops or erythroblastosis fetalis**

**309. Possible mechanisms of action of intrauterine contraceptive devices:**

a) Inhibition of implantation
b) Alteration of endometrium
c) Suppression of ovulation
d) all of the above

- **IUD: Sterile inflammation of endometrial wall**
- **Mechanism of action**
  **1) Copper**
  - **Pr Produce alterations of the uterine environment in terms of a pronounced foreign body reaction.**
  - **Disrupting sperm mobility and damaging sperm**

  **2) progesterone**
  - **Reduce menstrual bleeding or prevent menstruation**
  - **thickened cervical mucus**
  - **may suppress ovulation**
- **Absolute contraindication:**
  1) **Pregnancy**
  2) **undiagnosed vaginal bleeding**
  3) **acute or chronic pelvic inflammatory disease**
  4) **risk of STDs**
  5) **Immunosuppressant**
  6) **willsons disease and allergy to copper**
- **Relative contra indication:**
  1) **Valvular heart disease**
  2) **Past medical history of ectopic pregnancy or PID**
  3) **Presence of prosthesis**
  4) **Abnormality of uterus cavity**
  5) **Sever dysmenorrhea or menorrhea**
  6) **Cervical stenosis.**
- **Side effect: intermenstral bleeding, uterine perforation, PID in 1st days, ↑ ectopic pregnancy, Expulsion, dysmenorrhea and menorrhea for copper one**

**310. Vulvovaginal candidiasis**

a) Cause muco purulent cervicitis
b) Frequently associated with systemic symptoms
c) May be diagnosed microscopically by mixing discharge with KOH
d) Is treated with doxycycline
e) Is one of sexually transmitted infections

- **Vulvovaginal Candidiasis** : is vulvar pruritis or vulvar burring with abnormal vaginal discharge "thick curd-like"
- Common in pregnant women.
- Local infection (No systemic infection)
- **Diagnosis**: by microscopic Exam with KOH, Culture, Pap smear Vaginal PH < 4.5.
- **Treatment**: by 1st line antifungal oral fluconazole 2nd line * antifungl oral nystatin * Boric acid (locally). (a zole drug contraindicate in pregnancy)
- It not sexually transmitted infection it associated with it.

**311. Bacterial vaginosis**

a) Is a rare vaginal infection
b) Is always symptomatic
c) Is usually associated with profound inflammatory reaction
d) Causes fishy discharge which results from bacterial amine production
e) Is treated with clotrimazole

- **Bacterial vaginosis:** shift from a healthy lactobacilli based endoginous flora to anarobically based endoginous flora (rectum is the source of infection).
- Infection in sexual transmitted patient and in patient with vaginitis.
- **Gray white fishy odor vaginal discharge**
- **Diagnosis** by Vaginal PH > 4.5, ffirm VP microbial identification, Cytology, Absence of lactobacilli in gram stain
- **Treatment** by metronidazole & Clindamycin

**312. Chlamydia trachomatis infections:**

a) Are commonly manifest as vaginal discharge
b) PAP smear usually suggest inflammatory changes
c) Infection in the male partner present as urethritis
d) May ascend into the upper genital tract resulting in tubal occlusion
e) All of the above

- **Chlamydia: Infection by chlamydia trachomatis**
- **It is STDs (the commonest)**
- **A symptomatic (70%)**
- **Symptoms: mucopurlet vaginal discharge, urthral symptoms "dysuria, Pelvic pain pyuria, frequency, Posticoital bleeding and Conjunctivitis in infant**
- **Diagnosis: culture, PCR, Direct immature antibody test.**
- **Treatment by doxycyclin / tetracycline / azothromycin.**
- **STDs:**
  1) **chlymedia**
  2) **gonorrhea**
  3) **gental warts**
  4) **syphilis**
  5) **Herpes simplix of vulva (condylomata accunomata)**

**313. Progestin only contraceptive pills:**
a) Suppress ovulation
b) Increase cervical mucous
c) Associated with increased incidence of breakthrough bleeding
d) **May cause Menorrhagia**

- **Progesterone OCPuse in (higher failure rate than combined)**
  1) **Postpartum (Brest feeding)**
  2) **Women with myocardial disease**
  3) **Women with thremboembolic disease**
  4) **Women can of tolerate combined OCP (estrogen side effect)**

**314. The prevalence of gestational diabetes in the general population is about:**
a) 2%
b) **4%**
c) 8%
d) 15%
e) 20%

- **Note: Some studies mention 2%Prevalence between 2 – 4 but more common is 4%**

**315. The most common cause of polyhydramnios is:**
a) Immune hydrops
b) Nonimmune hydrops
c) Diabetes
d) Factors which o=impair fetal swallowing
e) **Idiopathic**

- **Polyhydramnios amniotic volume >2000cc at any stage**
- **Causes**
  1) **Idiopathic (most common.**
  2) **Type 1 DM**
  3) **Multiple gestation**
  4) **Fetal hydrops.**
  5) **Chromosomal anomaly**
  6) **malformed lung**
  7) **duodenal atresia**
- **Complication.**
  1) **Cord prolapse**
  2) **Placental abruption**
  3) **Malpresention**
  4) **Preterm labor**
  5) **Postpartum hemorrhage.**
- **Diagnosis by aminocentasis**
- **Treatment if it sever→ amniocentesis but mild to moderate → no treatment**

**316. Gestational diabetes is associated with**
a) Increased risk of spontaneous abortion
b) Increased risk of fetal cardiac malformation
c) Increased risk of fetal CHS malformation
d) Intrauterine growth restriction
e) **Decreased head circumference abdominal circumference ratio**

**317. Generally accepted cutoff values for plasma glucose on the 1000 gm, 3- hour glucose tolerance test in pregnancy (according to the National Diabetes Group) include all of the following EXCEPT:**

a) Fasting glucose > 90 mg/dl
b) Fasting glucose ≥ 105 mg/dl
c) 1 hour value ≥ 190 mg/dl
d) 2 hour value ≥ 165 mg/dl
e) 3 hour value ≥ 145 mg/dl

- **According to National Diabetes Data Group (NDDG)**
- **50g glucose given for screening at 24 – 28 weeks If plasma glucose**
- **Gestational diabetes mellitus is diagnosed if two or more of the values (venous serum or plasma glucose levels) are met or exceeded.**

| Blood sample | |
|---|---|
| Fasting | 105 mg per dL (5.8 mmol per L) |
| 1-hour | 190 mg per dL (10.5 mmol per L) |
| 2-hour | 165 mg per dL (9.2 mmol per L) |
| 3-hour | 145 mg per dL (8.0 mmol per L) |

**318. Normal pregnancy in the 2nd trimester is characterized by all of the following EXCEXPT:**

a) Elevated fasting plasma glucose
b) Decreased fasting plasma glucose
c) Elevated postprandial plasma insulin
d) Elevated postprandial plasma glucose
e) Elevated plasma triglycerides

- **Note: FPG in 1st trimester ↓ FPG in 2nd 3ed trimester ↑**

**319. Infants of mothers with gestational diabetes have an increased risk of all of the following EXCEPT:**

a) Hypoglycemia
b) Hyperglycemia
c) Hypocalcemia
d) Hyperbilirubinemia
e) Polycythemia

**320. Gestational diabetes is associated with an increased risk of all of the following EXCECPT:**

a) Cesarean section
b) Shoulder dystocia
c) Fetal macrosomia
d) Intrauterine fetal death
e) Intrauterine growth restriction

**321. Infants of mothers with gestational diabetes are at increased risk of becoming:**

a) Obese adults
b) Type II diabetics
c) Neither
d) Both

**322. Post menopause women with itchy pale scaly labia minora :**

a) Lichen simplex chronicus

**323. Control of gestational diabetes is accomplished with all of the following EXCEPT:**
a) Insulin
b) Diet
c) **Oral hypoglycemic agents**
d) Exercise

- **Oral hypoglycemic agents are contraindication in pregnancy**.

**324. Compare with Type II diabetes, Type I diabetes is associated with all of the following EXCEPT:**
a) Greater incidence of preeclampsia
b) Greater incidence of preterm delivery
c) Greater risk of maternal hypoglycemia
d) Greater risk of maternal diabetic ketoacidosis
e) **Reduced risk of intrauterine growth restriction**

**325. classical characteristic for genital herpes :**
a) **Painful ulcers & vesicles**

**326. Which of the following is true regarding infertility :**
a) It is Failure to conceive within 6 months.
b) Male factor > female factors.
c) **It could be due to high prolactin levels**
d) Rare to be due anovulotion
e) Only diagnosed by HSG

**327. 32 years old female patient presented by irregular menses , menses occurs every two months , on examination everything is normal , which of the following is the LEAST important test to ask about first :**
a) CBC
b) Pelvic US
c) **Coagulation profile**
d) DHES

- **The answer as I remember was (Urine pregnancy test) ← not sure but if it was mentioned pick it.**

**328. In Pregnant women :**
a) Sulphonide not cause neonatal jaundice
b) Methyldopa contraindicate
c) **Reflux esophagitis cause iron anemia**

**329. 19 years old female with depression anxiety mood swinging affect her life, She experience like this symptom every month before menstruation , What is the most approval treatment :**
a) **SSRIs**
b) Progesterone patch
c) OCP
d) Progesterone tampon

**330. Pregnant lady develop HTN, drug of choice of HTN in pregnancy is?**
a) **a-methyl dopa**
b) Hydralazine
c) thiazide
d) b-blocker

**331. 35 years prime 16 week gestation PMH coming for her 1st cheek up she is excited about her pregnancy no hx of any previous disease. Her B/P after since rest 160/100 after one week her B/P is 154/96, Most likely diagnosis :**

a) Pre eclempsia
b) Chronic HTN
c) Lable HTN
d) Chronic HTN with superimposed pre-eclampsia
e) **Transit HTN**

**332. A 9 months pregnant lady with full cervical dilation and head of the baby is shown, and there is late fetal heart deceleration, you will allow:**

a) Spontaneous delivery.
b) **Forceps delivery.**
c) Vacuum delivery.
d) C/S.

**333. Patient with idiopathic anovulation , what drug to give :**

a) **Clomiphene**
b) Progesteron
c) LH
d) FSH

**334. Haemophilus ducreyi asking for give treatment for**

a) **all sexual partners**
b) symptomatic sexual partner
c) family contact

**335. what is true about dysfunctional uterine bleeding :**

a) Occur during ovalutory cycles
b) **Adolescent girls can have it**
c) It is most commonly in post menopause

**336. Contraception that would affect lactation :**

a) **Estrogen and progesterone combined pill**

**337. Cost effective contraceptive method that is temporary :**

a) **IUD**

**338. Most common vaginal bleeding :**

a) **Menses**

**339. Female patient with irregular menstrual cycle it comes every other month and lasts 7-8 days with a very heavy bleeding making her to put double pads yet these pads will be soaked completely. The best description is:**

a) Menorrhagia.
b) Polymenorrhia.
c) Metrorrhagia.
d) **Metromenorrhagia**.

**340. Description of PCOs. Mechanism of PCOs :**

a) **Androgen excess**

**341. Young lady presented with vaginal bleeding and vaginal exam showed a white cervical lesion and a cervical cancer diagnosis was made. The next step**:
a) Cone Biopsy.
b) Incisional biopsy.
c) Excisional biopsy.
d) **Colposcopy**

**342. 1st line class of drugs against Postpartum hemorrhage**:
a) **Uterine Contractile**
b) Uterine Relaxant

**343. During the third trimester of pregnancy , all of the following changes occur normally except**
a) Decrease paco2
b) **Decrease in wbcs**
c) Reduced gastric emptying rate
d) Diminished residual lung volume
e) Diminished pelvic ligament tension

- **Pregnancy in the final month and labor may be associated with increased WBC levels.**

**344. 40 years female , multigravida, no sexual intercourse for 1 year because her husband going abroad, C/O was intermenstrual bleeding with menorrhagia, provisional diagnosis is :**
a) **Endometriosis**
b) Endometrial cancer
c) Chronic endometritis

**345. 34 year old female 34 weeks , came with vaginal bleeding , previous pregnancies were normal with normal deliveries she is concerned , your first advise would be :**
a) **Cessation of smoking**

**346. Propylthiouracil drug contraindicated with** :
a) **Maternal HTN**
b) Maternal DM
c) Maternal asthma

**347. Pregnant, smoker, h/o trauma, dark red vaginal bleeding ,, FHR 150 uterine contractions ...diagnosis :**
a) Uterine contusion
b) **Abruption**

**348. MC cause of 2ry amenorrhea e high LH & FSH** >>
a) **Menopause**

**349. Female with vaginal bleeding , abdominal pain : first Inx :**
a) **US**
b) Vaginal examination

**350. Best test to detect age of gestation :**
a) **US**
b) LMP

**351. The physiologic hypervolemia of pregnancy has clinical significance in the management of severely injured , gravid women by**:

a) Reduced the need for blood transfusion.
b) Increase the risk of pulmonary Edema.
c) Complicating the management of closed head injury
d) Reducing the volume of crystalloid required for resuscitation
e) **Increasing the volume of blood loss to produce maternal hypotension**

- **General approach to the trauma patient: The primary initial goal in treating a pregnant trauma victim is to stabilize the mother's condition. The priorities for treatment of an injured pregnant patient remain the same as those for the non-pregnant patient**
- **Primary Survey: As with any other injured patient, the primary survey of the injured pregnant patient addresses the airway/cervical spine control, breathing and circulation (ABC; volume replacement/hemorrhage control), with the mother receiving treatment priority. Supplemental oxygen is essential to prevent maternal and fetal hypoxia. Severe trauma stimulates maternal catecholamine release, which causes uteroplacental vasoconstriction and compromised fetal circulation. Prevention of aortocaval compression is also essential to optimize maternal and fetal hemodynamics. Pregnant patients beyond 20 weeks' gestation should not be left supine during the initial assessment. Left uterine displacement should be used by tilting the backboard to the left or as a final measure; the uterus can be manually displaced.**
- **Hypovolemia should be suspected before it becomes apparent because of the relative pregnancy induced hypervolemia and hemodilution that may mask significant blood losses. Aggressive volume resuscitation is encouraged even for normotensive patients**

**352. Pregnant lady presented with bleeding from gums. On exam, spleen in palpable 4 cm below the costal margin. Ix; platelets 50,000. Dx:**

a) **HELLP.**
b) ITP
c) Gestational thrombocytopenia
d) Thromboembolic disorder.

**353. Patient with vaginal discharge, supra pubic pain for 3 days, fever and bilateral fornix tenderness. What is the diagnosis?**

a) Appendicitis
b) **Acute salpingitis**
c) Chronic salpingitis

**354. Female patient with nipple discharge bilaterally with pituitary mass**

a) **High prolactin**

**355. Most worry symptoms in pregnancy**

a) **Vaginal bleeding**
b) Leg crambs
c) Lower limb edema

**356. Postpartum hemorrhage on ergotamine which of the following condition is contraindication for this medication:**

a) **Maternal HTN**
b) Gestational DM

**357. Methyl-progesterone used for PPH what is contraindication :**
- a) Pregnant with asthma
- b) **Pregnant with hypertension**
- c) Pregnant with DM

**358. 4 days post C-section patient with profound hypotension :**
- a) **Normal saline 5ooml IV with to big lines**
- b) Dopamine

**359. 23 years old female with regular menses. On US, she has a 7cm ovarian cyst. Otherwise everything is normal. dx:**
- a) Corpus luteum cyst
- b) **Follicular cyst**
- c) Teratoma

**360. Obese female has missed two menstrual cycles and feels nauseated and has vomited several times , what is your next step :**
- a) **Obtain Beta Hcg for her she might be pregnant.**

**361. Divorcee with amenorrhea of 15 months hx was found to have high FSH :**
- a) **Primary ovarian failure**

**362. A female with foul odor green vaginal discharge with flaglated under the microscope, Dx:**
- a) **Trichomonas**

**363. Postmenopausal women , with hx of itching and bloody discharge she has used flaggy suppository with no relief , then she developed a swelling on her right labia majora what is the Dx :**
- a) Bartholin's cyst
- b) Bartholin's cancer
- c) **Vulvar carcinoma**

**364. Patient complaining of menometrhagia 6 months and pelvic pain .all investigation and examination normal what is treatment?**
- a) Mafnemic
- b) **Combined pill**

**365. Best test for early pregnancy :**
- a) **US**

**366. K/C of DM want to be pregnant :**
- a) **Start DM control before conception**

**367. Patient with malodour watery vaginal discharge with clue cells in MSU :**
- a) **Bacterial vaginousis**

**368. Most benign cause of postmenopausal bleeding**
- a) Cervical polyp.
- b) **Atrophic vaginitis.**

**369. Patient complain of infertility 6 year ago and severe pain with cycle ( dysmenorrhea) DX**

a) **Endometriosis**
b) Pelvic congestion
c) Endometritis

**370. Patient with hirsutism , obese , x ray showed ovary cyst she wants to convince best treatment**

a) **Clomiphene citrate**

**371. Scenario about ectopic pregnancy B-HCG 5000 hemodynamically stable, treatment:**

a) Observation
b) **Medical.**
c) Laparoscopy
d) Laparotomy

**372. Fetal distress in :**

a) Early deceleration
b) **Late deceleration**

**373. Patient 2 h after delivery have severe vaginal bleeding initial management?**

a) Ergometrin
b) **Ringer lactate solution**
c) blood transfusion

**374. Lactating mother complain of fever and breast tenderness and redness diagnosed as bacterial mastitis what is treatment :**

a) **Continue breast feeding, hot compressor and antibiotic.**
b) Discontinue breast feeding and give antibiotic to mother and baby.

**375. Female G3P0 , c/o infertility , have regular non heavy cycle, trichomonus infection treated at age of 17 , previous 3 elective D/C in first month gestation ,DDx:**

a) Asherman syndrome
b) **Sheehan syndrome**
c) Endometritis

**376. 40 years , heavy and intercyclical bleeding , not pregnant , does not on OCP:**

a) **Anovulatory cycle**

**377. The most dangerous sign during pregnancy is:**

a) **Vaginal bleeding.**

**378. A female presented with defemenization (breast atrophy and deepening of voice) and found to have ovarian cancer. what is the possible type:**

a) **Thecoma**
b) **Granulosa cell tumor**
c) **Sertoli-leydig tumor**

**379. Relative contraindication of hemabate for the treatment of post-partum hemorrhage is:**

a) Maternal diabetes
b) Maternal asthma
c) **Maternal hypertension**

**380. About dT in pregnancy :**
a) **dT is not contraindicated during pregnancy**

**381. 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:**
a) **Before conception**

**382. 43 year old lady complaint about non itchy; white non smelling vaginal discharge after intercourse, she isn't using any contraceptive or vaginal douche. What is diagnosis?**
a) Prescribe azithromycin
b) Local steroids
c) Local antifungal
d) Vaginal douche
e) **Do nothing**

**383. Female patient on antiepileptic drugs wants to become pregnant what well you tell her regarding epilepsy:**
a) **Use of antiepileptic has risk of fetal malformation**
b) **Epileptic attacks affects the fetus**

**384. Pregnant female developed gestational diabetes that was not controlled by diet and was switched to insulin. She is at great risk later in life to develop:**
a) Diabetes type 1
b) **Diabetes type 2**
c) Hypoglycemic attacks

**385. Treatment of gonorrhea :**
a) **Ceftriaxone.**

**386. Young female with left sided abdominal pain. No dysuria or change in bowel habit. History of hysterectomy 4 years back but ovaries and tubes were preserved .on examination: abdomen was tender but no guarding. Investigations show Leukocytosis and few pus cells in urine. There was also history of unprotected coitus with multiple partners. ( I did not get the scenario well but i think it was salpingitis ) Management:**
a) Consult surgeon
b) **Oral antibiotics**
c) Diagnosis as ulcerative colitis

**387. Female wants a temporary contraceptive method, which one is recommended by research?**
a) **OCP**
b) IUCD

**388. Female with positive urine pregnancy test at home what next to do:**
a) **Serum beta HCG**
b) CBC

**389. 43years old female with irregular menses 3m back & 1-2d spotting what is next to do:**
a) US
b) Human chorionic gonadotropin
c) **FSH**
d) LH

**390. Mother after delivery have bad mood , depression , crying a lot for only 1 week , but she is ok now,**

a) Maternal blues  (transiet condition)
b) Postpartum psychosis

**391. Most benign vaginal bleeding:**

a) Cervical polyp
b) Myomyoma
c) Endometrial hyperplasia
d) I forget the exact sentience but it's related to dryness in menopausal women  (atrophic vaginitis)

**392. What is special about placenta abruption:**

a) Vaginal bleed
b) Fetal distress
c) Uterus pain and back pain
d) Abnormal uterine contraction

**393. A 54 YO female with chronic pelvic pain is found to have a right sided ovarian mass. After the initial evaluation, surgery is planned to remove the mass. To avoid excessive bleeding during the surgery , the surgeon should ligate which of the following structures?**

a) Round ligament
b) Suspensory ligament
c) Ovarian ligament
d) Transverse Cervical ligament
e) Mesosalpinx

- **Suspensor ligament of ovary contains the ovarian artery, ovarian vein, ovarian plexus and lymphatic vessels**

**394. Where should we stop the OCP "Oral Contraceptive Pills":**

a) In varicose veins

- **OCP side effects :**
  - **Venous thromboembolism**
  - **Increase risk of breast cancer (while decrease the risk of ovarian, endometrial & colon cancers)**
  - **Weight gain**
  - **Acne**
  - **Depression and Hypertension**

**395. Infertile female, undergoing unprotected sexual intercourse 3-4 times weekly, pelvic pain, on examination, tender nodules on the uterosacral ligament, Best method to diagnose:**

a) Laparoscopy.
b) Hysteroscopy.

**396. 42 year old pregnant female, in the 2$^{nd}$ trimester, concerning about having a baby with Down syndrome, best appropriate method of diagnosis:**

a) Triple test
b) Amniocentesis.
b) Cord blood sample.
c) Chorionic villous biopsy (or something like this).

**397. In comparison between mother milk and cow milk , mother milk has more:**

a) Protein
b) Fat
c) Iron
d) Carbohydrate
e) Calories

**398. Which true regarding pregnancy:**

a) Use of anti-thyroid medication increase the incidence of congenital anomaly
b) GERD increase the incidence of IDA

**399. Breech presentation + dilated cervix + wide pelvis + late deceleration the management is**

a) Forceps delivery
b) Spontaneous delivery
c) C/S
d) Vacume

**400. Female patient, uses douches excessively in the past 6 weeks, she developed a malodor vaginal discharge, no itches, no urinary symptoms, on examination revealed pooling of vaginal wall, milky discharge with intact vulva. PH is 6. KOH revealed clue cells, no yeast, no hypha. Which of the following is NOT accepted to give this patient :**

a) metronidazole 500 mg BID for 5 days
b) metronidazole gel
c) metronidazole once
d) miconazole cream
e) clindamycin

**401. Female presented with vaginal discharge, itching, and on microscope showed mycoleous cells and spores. This medical condition is most likely to be associated with:**

a) TB
b) Diabetes
c) Rheumatoid Arthritis

- **Vaginal thrush is a common infection caused by yeast called *Candida albicans*. Vulvovaginal candidiasis is usually secondary to overgrowth of normal flora Candida species in the vagina. Conditions that interrupt the balance of normal vaginal flora include: antibiotic use, oral contraceptives, contraceptive devices, high estrogen levels, and immunocompromised states such as diabetes mellitus and HIV. Women are prone to vaginal thrush between puberty and the menopause because, under the influence of the hormone estrogen, the cells lining the vagina produce a sugar and yeasts which *Candida albicans* are attracted to. That is why thrush is rare before puberty.**

# Pediatrics

CHAPTER 4

1. **Baby with tonic clonic convulsions, what drug you'll give the mother to take home if there is another seizure?**
   a) **Diazepam**
   b) phenytoin
   c) phenobarbital

2. **4 weeks old male child with acute onset forceful non-bilious vomiting after feeding. He is the first child in the family. He is gaining normal weight and looks hungry. What's your diagnosis?**
   a) **Pyloric stenosis**

3. **Child present with stiffing neck, fever, headache. You suspect meningitis what is your initial treatment?**
   a) Tobramycin
   b) Levoflaxicine
   c) **Penicillin**
   d) Doxycycline

4. **Breast feeding in the full term neonate:**
   a) Increase URTI rate
   b) No need for vitamin supplementation
   c) Food introduce at 3 months
   d) Increase GE rate
   e) **It's recommended to give Vitamin K shortly at birth & Vitamin D at 2 months.**

5. **9 days old neonate is brought by his mother for check-up. He was delivered by spontaneous normal vaginal delivery without complications. Birth weight was 3.4 and his birth weight now 3.9. He is sucking well and looks normal except for jaundice. What's your diagnosis?**
   a) Physiological jaundice
   b) **Breast milk jaundice**
   c) Crigler-Najjar syndrome
   d) ABO incompatibility

6. **A full term baby boy brought by his mother weight 3.8 kg. Developed jaundice at 2$^{nd}$ day of life. Coomb's test –ve, Hb: 18, bilirubin: 18.9 & indirect: 18.4, O/E: baby was healthy and feeding well, the most likely diagnosis is**
   a) **Physiological jaundice**
   b) ABO incompatibility
   c) Breast milk jaundice
   d) Undiscovered neonatal sepsis

- **Breast milk jaundice is a different which tends to develops after the first 4-7 days of life, continues up to the sixth week of life. Itoccurs early caused by insufficient breast milk intake. (Low calories).**
- **Physiologic jaundice: manifests after the first 24 hours of life**

7. **The cardiac arrest in children is uncommon but if occur it will be due to primary**
   a) **Respiratory arrest**
   b) hypovolemic shock
   c) Neurogenic shock

8. **After doing CPR on child and the showing asystole:**
   a) Atropine
   b) **Adrenaline**
   c) Lidocaine

**9. A baby came complaining of croup, coryza, air trapping, tachypnea & retraction. The best management is:**

a) Erythromycin
b) Penicillin
c) Ampicillin

- **Since croup is usually a viral disease, antibiotics are not used unless secondary bacterial infection is suspected.**
- **In cases of possible secondary bacterial infection, the antibiotics vancomycin and cefotaxime are recommended.**
- **In severe cases associated with influenza A or B, the antiviral neuraminidase inhibitors may be administered.**

**10. 5 years old boy brought to the ER by his mother complaining of drooling saliva, inability to drink & eat. On examination there was a congested larynx. The most appropriate diagnosis is:**

a) Viral pneumonia
b) Croups
c) **Acute epiglottitis**
d) Bacterial pneumonia
e) Bronchiolithitis

- **It occurs at any age, rapid onset, causes drooling of saliva & inability to drink or eat, no cough & you could see the congested larynx.**
- **Croup has a slow onset, occurs at ages <4 years with a barking cough & the ability to swallow fluids**

**11. 15 years old boy had history of URTI 2 weeks ago. Now he is complaining of fever, bilateral knee pain with swelling & tenderness. The diagnosis is:**

a) Sickle cell anemia
b) Post-streptococcal Glomerulonephritis
c) Rheumatoid arthritis (JRA)
d) **Rheumatic fever**
e) Septic arthritis

**12. 10 years old boy presented with a 5 days history of skin lesion which was scaly & yellowish. What is the diagnosis?**

a) **Tinea corporis**

**13. Apgar score**

a) **Heart rate is an important criterion.**
b) Is out of 12 points.
c) Gives idea about favorability of vaginal delivery.
d) Taken at delivery time and repeated after 5 minutes.
e) Respiratory rate is an important criterion

- **A,D&E are correct**
- **This scoring system provided a standardized assessment for infants after delivery. The Apgar score comprises 5 components: heart rate, respiratory effort, muscle tone, reflex irritability, and color, each of which is given a score of 0, 1, or 2. the score is now reported at 1 and 5 minutes after birth.**

**14. Dehydration 25 kg kid, maintenance**

a) 1200
b) 1300
c) 1400
d) **1500 (1600)**

**15. 11 months old baby, 10 kgs, maintenance daily fluid :**

a) **1000 ml**
b) 500 ml
c) 2000 ml
d) 2500 ml

**16. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:**

a) 25%
b) 50%
c) 1 %
d) **4%**

**17. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:**

a) 5 months
b) 3 years
c) 6 years
d) **15 years**

- **Duration of Secondary Prophylaxis for Rheumatic Fever**

| Type | Duration after last attack |
|---|---|
| **Rheumatic fever with carditis and residual heart disease (persistent valvular disease)** | 10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed |
| **Rheumatic fever with carditis but no residual heart disease (no valvular disease)** | 10 years or until age 21 years (whichever is longer) |
| **Rheumatic fever without carditis** | 5 years or until age 21 years (whichever is longer) |

**18. Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease?**

a) Hemophilia A
b) Hemophilia B
c) Von-wille brand disease
d) **DIC thrombosis**

**19. Child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis:**

a) **Migraine**
b) Cluster Headache
c) Stress Headache

**20. Infant with features of Down syndrome, the most likely this infant has**

a) **Trisomy 21**

**21. 8 months old infant with on & off recurrent crying episodes & history of currant jelly stools:**
a) **Intussception**
b) Intestinal obstruction
c) Mickel's diverticulitis
d) Strangulated hernia

**22. Baby with crying episodes and currant jelly stool, looks slightly pale, signs of obstruction what is the management?**
a) **Barium enema**
b) immediate surgery
c) IV fluid & wait for resolution

**23. Baby having HIV (transmitted from his mother), which vaccination shouldn't be given to him?**
a) **Oral polio**
b) MMR

- **Live attenuated vaccines (oral polio, MMR, rotavirus, varicella, BCG) are contraindicated in patients with immunodeficiency.**

**24. Most common chromosomal abnormality:**
a) **Down's syndrome (trisomy 21)**
b) Turner's syndrome
c) Klienfilter's syndrome

**25. Who should not get the oral polio vaccine?**

- **OPV should not be given when there is a higher risk of bad effects caused by the vaccine, including the following:**
- **Being moderately or severely (badly) ill with or without fever.**
- **Having someone in the house with a weak immune system**
- **History of a severe allergic reaction to a dose of OPV**
- **Long-term treatment with steroid medicine.**
- **Weak immune system. The immune system is the part of the body that normally fights off sickness and disease. A weak immune system may be caused by cancer, HIV or AIDS, inborn immune deficiency, or taking medicines, such as chemotherapy.**

**26. Mother brought her 18-month-old infant to ER with history of URTI for the last 2 days with mild respiratory distress. This evening the infant start to have hard barking cough with respiratory distress. O/E: RR 40/min, associated with nasal flaring, suprasternal & intercostal recessions. What is the most likely diagnosis?**
a) Viral Pneumonia
b) Bacterial Pneumonia
c) Bronchiolitis
d) Acute epiglottitis
e) **Trachiobronchiolitis**

**27. Intellectual ability of child measured by**
a) **CNS examination**

**28. A child swallowed his relative's medication. What is the best way of gastric decontamination?**
- a) Gastric lavage
- b) Total bowel irrigation (whole bowel wash)
- c) Syrup ipecac
- d) **Activated charcoal**

**29. Infant swallow cohesive material came within half an hour to ER drooling, crying. what is the initial thing to do?**
- a) activated charcoal
- b) endoscopy
- c) **secure airway**
- d) 2 cups of milk

**30. Child ate overdose of iron, best immediate management:**
- a) **Gastric lavage ( because immediate )**
- b) Induce vomiting manually
- c) Emetic drugs
- d) Ipecac
- e) IV Deferoxamine

**31. Child has pallor, eats little meat, by investigation microcytic hypochromic anemia, what will you do?**
- a) **Trial of iron therapy**
- b) Multivitamin with iron daily

**32. Child came with fatigue 'pic of anemia' and stunted growth, his blood works shows microcytic hypochromic anemia, diagnosis is:**
- a) Thalassemia
- b) Sideroblastic
- c) lead poisoning
- d) **Iron deficiency anemia**
- e) SCA

**33. Female her height is 10th percentile of population, what u will tell her about when spinal length completed, after menarche?**
- a) 6m
- b) 12 m
- c) **24 m**
- d) 36 m

**34. 6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take:**
- a) DT, Hib,MMR,OPV
- b) DTB,Hib,MMR,HBV,OPV
- c) **DTB, Hib, MMR, OPV**
- d) Td, Hib,MMR,OPV,HBV
- e) TDap, MMR, IPV, HBV

**35. Infant with bright blood, black stool and foul smelling stool. Best way to know the diagnosis:**
- a) US
- b) **Radio Isotope scan**
- c) Angiogram

**36. 3 days old baby, his mother HBV positive, what is your action?**

a) **one dose immunoglobulin and vaccination**
b) immunoglobulin
c) three doses HBV vaccine

- **Infant of mother HBV-positive must receive immunoglobulin within first 12 hour and vaccination as 0,1 and 6 months For this child it is too late for immunoglobulin**

**37. 2 month infant with vomiting after each meal, he is in 50 centile, He passed meconium early and stool, diagnosis is:**

a) **Midgut volvulus**
b) Meconium ileus
c) Hischsprung disease

**38. Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:**

a) Rifampicin
b) **IM ceftriaxone**

**39. What is the injection that is routinely given to new-born to inhibit haemorrhage:**

a) **Vitamin K**
b) Vitamin C
c) Vitamin D
d) Vitamin E

**40. Child with URTI is complaining of bleeding from nose, gum and bruising the diagnosis is:**

a) Hemophilia A
b) **ITP**

**41. Child came with his father and has high BMI and look older than other children with same age, on exam child has >95$^{th}$ percentile of weight and tall, management is:**

a) **Observe and appoint**
b) Life style change
c) Give program to decrease the weight

**42. Newborn came with red-lump on left shoulder, it is:**

a) **Haemangioma**

**43. 3 months infant with red swelling that increase in size rapidly:**

a) Pot-wine spot
b) **Cavernous hemangioma**

**44. Newborn came with congenital hepatomegaly, high LFT, jaundice the most organism cause this symptoms is:**

a) Congenital TB
b) Rubella
c) HIV
d) **CMV**

**45. One of the following is NOT a feature of Henoch-Schonlein purpura (HSP):**
a) Arthritis.
b) **Rash over the face.**
c) Abdominal pain.
d) Normal platelet count.

**46. Child with URTI what is the most helpfully sign that it is viral**
a) **Colorless nose discharge**

**47. Child with picture of SCA he should be maintained on:**
a) **Penicillin and folic acid**

**48. After bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematuria was seen:**
a) Lyme
b) **Henoch-Schonlein Purpura**

**49. Child develop purpuric rash over his extremities, this rash was preceded by upper respiratory tract infection 1 week ago. What is your diagnosis?**
a) ITP
b) **Henoch-Schonlein purpura**

- **HSP skin rash distribution: lower extremities (dorsal surface of the legs), buttocks, ulnar side of arms & elbows**
- **Workup: CBC: can show leukocytosis with eosinophilia & a left shift, thrombocytosis in 67% of cases.**
- **Decreased platelets suggest thrombocytopenic purpura rather than HSP.**

**50. Cellulitis in neonate mostly caused by**
a) **Group B streptococcus**

**51. Henosch-Scholein purpura affect:**
a) Capillary
b) Capillary and venule
c) **Arteriole, capillary and venule**
d) Artery to vein

**52. Baby with conjugated hyperbilirubinemia:**
a) **Biliary atresia**
b) ABO comp
c) G6PD

**53. Child with DM came with picture of DKA, which HLA is responsible?**
a) DR4
b) DR5
c) DR6
d) DR7
e) **DR3 and DR4**

**54. 7 years old child had history of chest infection which was treated with antibiotics. The patient presented 6 weeks after cessation of antibiotics with abdominal pain, fever and profuse watery diarrhea for the past month. Which of the following organisms is responsible for the patient's condition?**

a) Giardia Lamblia
b) **Clostridium Difficile**
c) Escherichia coli
d) Clostridium Perfringens

- **Causes severe diarrhea when competing bacteria in the gut flora have been wiped out by antibiotics.**

**55. For the above disorder, which one is considered pathological?**

a) Gross hematuria
b) Microscopic hematuria
c) **Rashes**

**56. Gross motor assessment at age of 6 months to be asked is:**

a) **Sitting without support**
b) Standing
c)Role from prone to supine position
d) Role from supine to prone position

**57. The immediate urgent referral of child that take?**

a) 10 pills contraceptive
b) **10 pills antibiotics**
c) 75 mg Paracetamol

**58. Child woke up with croup, what should you put in your DDx?**

a) Pneumonia
b) Tonsillitis
c) **Foreign body**

**59. Child came with wheezing and cough and diagnosed with asthma and his dr. prescribe to him beclomethasone space inhaler or nebulizer am not sure twice daily… what most worried side effect of using it:**

a) **Growth retardation**
b) Extaoriculer problem

**60. Twins (boy and girl) the father came asking why his daughter start puberty before his son:**

a) Girls enter puberty 6-12 months before boys
b) **Girls enter puberty 2-3 years before boys**
c) Girls enter puberty 1-2 years after boys
d) Girls enter puberty as the same age of boys

**61. A boy with nocturnal enuresis, psychotherapy failed to show result you will start with:**

a) **Imipramine and vasopressin**
b) clonidine and vasopressin
c) clonidine and guanfacine
d) Imipramine and guafacine

**62. Earlier sign of puberty in male is:**

a) Appearance of pubic hair
b) **Increase testicular size**
c) Increase penis size
d) Increase prostate size

- **The first sign of puberty in boys in testicular enlargement more than 2.5 centimeters which followed by a growth spurt 1-2 years later and beginning of spermatogenesis.**

**63. Boy came with history of wheel on erythematous base after 10 day you find in the examination preorbital swelling, supraclavicular L.N., hepatomegaly and splenomegaly what is the diagnosis?**

a) Angioedema
b) Urticarial
c) **Lymphoma**

**64. Male patient with a cyanotic heart disease, all except:**

a) ASD
b) VSD
c) PDA
d) **Truncus arteriosus**

**65. Cellulitis in children most common causes:**

a) Group A streptococcus
b) **Staphylococcal aureus**

- **Staphylococcus aureus is the most common bacteria that cause cellulitis.**
- **Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called "flesh-eating bacteria" are, in fact, also a strain of strep which can – in severe cases – destroy tissue almost as fast as surgeons can cut it out.**

**66. In developing countries to prevent dental caries, it add to water:**

a) **Flouride**
b) Zink
c) Copper
d) iodide

**67. Baby complaining of fever , chills , rigors and neck rigidity +ve kurnings sign rash on his lower limb diagnosis:-**

**a) Meningeococcal meningitis**

**68.** 6 **months baby with undescended testis which is true:**

a) **Till the mother that he need surgery**
b) In most of the cases spontaneous descent after 1 year
c) Surgery indicated when he is 4 years
d) Unlikely to become malignant

- **Explanation: Most of spontaneous descent cases occur before the age of 6 months. If no descent occurs at 6 months, surgery is indicated before the age of 2 years.**

**69. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;**
a) Enuresis

**70. Cellulitis occurring about the face in young children (6-24 months) and associated with fever and purple skin discoloration is MOST often caused by**
a) group A beta hemolytic streptococci
b) Haemophilus influenzae type B
c)streptococcus pneumonie
d) staphylococcus aureus
e) pseudomonas

- **Facial cellulitis** includes both When associated with trauma or contiguous infection (eg, stye), **Staphylococcus aurous or Streptococcus pyogenes** are likely causes
- **In the absence of trauma or contiguous infection**, historically **Haemophilus influenzae type b** was the most common cause followed by Streptococcus pneumonia

**72. Patient with atopic dermatitis and he is 2 years old came with cough and wheezing:**
a) bronchiolitis
b) Bronchial asthma

**73. Child known case of sickle cell disease with recurrent UTI which is treated, Now he is stable (cbc,chem. within normal) you can discharge him with:**
a) Prophylactic Penicillin
b) Iron

**74. 2 years old known case of sickle cell disease child with hand and foot swelling, crying, You will discharge him with**:
a) Penicillin and vaccination

**75. Most common malignancy in children**
a) Leukemia
b) wilms tumor

- **Wilms tumor: The most common feature at presentation is an abdominal mass. Abdominal pain occurs in 30%-40% of cases. Other signs and symptoms of Wilms tumor include hypertension, fever caused by tumor necrosis, hematuria, and anemia.**
- **A renal tumor of embryonal origin that is most commonly seen in children 2–5 years of age. Associated with Beckwith-Wiedemann syndrome (hemihy-pertrophy, macroglossia, and visceromegaly), neurofi bromatosis, and WAGR syndrome (Wilms', Aniridia, Genitourinary abnormalities, mental Retardation).**
- **Presents as an asymptomatic, nontender, smooth abdominal mass, abdominal pain, fever, hypertension, and microscopic or gross hematuria.**
- **Treatment : Local resection and nephrectomy with postsurgical**

**76. Mild diarrhoea management:**
a) ORS

**77. Most common intra-abdominal tumour in children:**
a) Wilm's tumor
b) Lymphoma

**78. Diagnosis of thalassemia minor:**

a) **HB a2 and HB f**
b) Microcytosis

- **Beta Thalassemia Minor:**
  - The thalassemia seen most commonly is caucasians (primarily Mediterranean descent)
  - Beta thalassemia minor is loss of one of two genes for Beta globin on chromosome 11
  - Patients generally asymptomatic
  - May have mild microcytic anemia (MCV: 60-70; Hgb: 10-13) with a normal or slightly increased RBC count
  - The peripheral smear will show target cells and basophilic stippling
  - See increased $HbA_2$ in the range of 5-9% with normal HbF
  - Diagnosis may be obscured in concomitant iron deficiency present because Beta-thalassemia causes an increase in $HbA_2$ while iron deficiency causes a decrease in $HbA_2$. Both create a microcytosis.
- **Beta Thalassemia Major:**
  - Homozygous double gene deletion with no Beta globin production
  - Presents with lethal anemia, jaundice, splenomegaly, growth retardation, bone malformations, death
  - Severe hypochromic, microcytic anemia with very bizarre cells
  - $HbA_2$ is not increased
  - HgF is at nearly 100%

**79. Celiac disease which not cause it:**

a) **Rice & corn**
b) Oat
c) wheel
d) Gluten

**80. Celiac disease involves :**

a) **Proximal part of small intestine**
b) Distal part of small intestine
c) Proximal part of large intestine
d) Distal part of large intestine

**81. 4 years old baby comatose and cyanotic in the kitchen, there was peanuts in his hand:**

a) **Aspiration**

**82. 15 years old boy with unilateral gynecomastia your advice is**

a) **May resolve spontaneously**
b) There is variation from person to person
c) Decrease use of soda oil or fish oil

- **Uni- or bilateral gynecomastia occur normally in newborn & at puberty**

**83. 6 months old boy with fever you should give antipyretic to decrease risk of**

a) **Febrile convulsion**
b) Epilepsy
c) Disseminate bacteria

**84. 6 years old with cyanosis, at 6 months similar attack, what is best investigation?**

a) **Pulmonary function test**

**85. 6 months old with cough and wheezy chest .diagnosis is:**
a) asthma (after 2 years old)
b) **Bronchiolitis (before 2 years old)**
c) pneumonia (associated with crypitation)
d) F.B aspiration (sudden wheezing)

**86. Child presented with anemia he has family history of thalassemia what the most diagnostic test**
a) **measuring of HB A2**
b) Bone marrow
c) Serum ferritin

- **The most diagnostic test is hemoglobin electrophoresis**

**87. Child presented to ER with SOB on x-ray there is filtration on mid & lower zone on right side after 24h of antibiotic patient become cyanosis the x-ray total lung collapse with mediastinal shift. what cause**
a) H-influenza
b) Pneumocystis carnia
c) **Streptococcus pneumonia**

**88. 8 month boy presented with fever, SOB, poor feeding and confusion. On exam ear was red and ESR high, what is the next best step in diagnosis?**
a) Blood culture
b) **CSF**
c) Chest X-ray
d) Urine analysis
e) CBC and differential

**89. Infant with coryza, wheezing and URTI symptoms came to ER with SOB, what is the first management?**
a) **Bronchodilator**
b) Corticosteroid
c) Theophylline

**90. Boy 12 years old came to you complaining of that he worries about himself because he see that his friends has axillary hair and he is not like them, about sexual maturity of boys what is first feature :**
a) **Testicular enlargement, in females breast buds**
b) penile elongation
c) Hair in axilla
d) Hair in the pubic area

**91. Child brought by mother due to bleeding per nose , by examination you found many bruises in his body, over his back ,abdomen and thigh , what is your diagnosis :**
a) **Child abuse**

**92. Child 9 months with congenital heart disease, central and peripheral cyanosis Dx?**
a) **Tetralogy of fallot**
b) Coarctation of aorta
c) Truncus arteriosus
d) ASD
e) PDA

**93. Child with spontaneous epistaxis. DX :**

a) **Coagulation deficiency**

**94. Three years child presents with diarrhea with blood & mucus for 10 days on investigation no cyst in stool examination, what is the most common cause?**

a) **Ulcerative colitis**
b) Giardiasis
c) Rota virus

- **Bloody diarrhea is a common problem in children.**
- **Bacterial infections and parasitic infestations are responsible for most of the cases.**
- **Milk allergy is a frequent cause in young infants.**
- **Chronic inflammatory bowel disease occurs in older children.**

**95. Child with dry cough & wheeze, CXR showed hyper-inflated lung with some infiltrate:**

a) **Bronchial asthma**
b) Bronchiolitis.

**96. Child anaemic, abdominal pain, blood in faces ( I forget colour of stool & rest of case but I think it is about volvulus?) next investigation:**

a) Abdominal ultrasound.

- **Diagnosis of Malrotation with Volvulus :**
- **AXR may reveal the absence of intestinal gas but may also be normal.**
- **If the patient is stable, an upper GI is the study of choice and shows an abnormal location of the ligament of Treitz. Ultrasound may be used, but sensitivity is determined by the experience of the ultra-sonographer.**

**97. Patient known case endocarditis will do dental procedure prophylaxis?**

a) **2 g amoxicillin before procedure 1 h**
b) 1 g amoxicillin after procedure
c) 2 g clindamycin before procedure 1 h
d) 1 g clindamycin after procedure

**98. Cow milk differ from mature human milk that cow milk contain more:**

a) **More protein**
b) More Iron content
c) More calories
d) More fat

| | human milk | Cow |
|---|---|---|
| **Calories** | 62 | 59 |
| **Carbohydrate** | 7 | 4.8 |
| **Protein** | 1.4 | 3.3 |
| **Fat** | 4.45 | 3.8 |

- **All minerals are much more in cow milk than human milk except iron & copper**.
- **Breast milk contain more Vitamin C & D**

**99. child with congested throat & tonsil with white plaque on erythematous base on tongue & lips , also there is gingivitis (Dx.)**

a) PHARYNGITIS

**100. Patient with Kwashiorkor:**

a) High protein & high carbohydrate.
b) High protein & low carbohydrate
c) Low protein & high carbohydrate
d) Low protein & low carbohydrate.

**101. Nutritional marasmus on definition:**

- **Kwashiorkor caused by insufficient protein consumption but with sufficient calorie intake, distinguishing it from marasmus**
- **Marasmus is a form of severe protein-energy malnutrition characterized by energy deficiency caused by inadequate intake of proteins and calories. A child with marasmus looks emaciated. Body weight may be reduced to less than 80% of the average weight that corresponds to the height. Marasmus occurrence increases prior to age 1, whereas kwashiorkor occurrence increases after 18 months. It can be distinguished from kwashiorkor in that kwashiorkor is protein wasting with the presence of edema. The prognosis is better than it is for kwashiorkor.**

**102. Most cause of URTI**

a) RSV

- **Viruses cause most URIs, with rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus,**

**103. Kawasaki disease associated with:**

a) Strawberry tongue

- **Kawasaki disease: Multisystem acute Vasculitis that primary affected young children. Fever plus four or more of the following criteria for diagnosis:**

1) **fever > 40 C for at least five days**
2) **Bilateral, non-exudative, painless conjunctivitis**
3) **Polymorphous rash (primarily truncal)**
4) **Cervical lymphadenopathy (often painful and unilateral)**
5) **Diffuse mucous membrane erythema ( strawberry tongue ) , dry red**
6) **Erythema of palm and sol**
7) **Other manifestation : gallbladder hydrops, hepatitis, arthritis**

- **Untreated Kawasaki disease can lead to coronary aneurysms and even MI**
- **Treatment:**

1) **High dos ASA ( for fever and inflammation) & IVIG ( to prevent aneurysm )**
2) **Referral to pediatric cardiologist.**

**104. Child with skin rash, pericarditis, arthritis dx:**

a) Kawasaki

**105. Child presented with erythematous pharynx, with cervical lymph nodes and rapid strplysin test negative and low grade fever with positive EBV. it next step**

a) Give antibiotics and anti-pyretic
b) Give anti pyretic and fluids
c) Do culture and sensitivity

**106. 2 months old child complaining of spitting of food, abdominal examination soft lax, occult blood – ve, what you will do?**

a) **Reassure the parents**
b) Abdominal CT

**107. Baby with streptococcus pharyngitis start his ttt after two days he improved, Full course of streptococcus pharyngitis treatment with amoxicillin is**

a) **10 days (9-11 days)**
b) 7days
c) 14 days

- **If group A streptococcus is suspected, begin empiric antibiotic therapy with penicillin × 10 days.**
- **Cphalosporin, amoxicillin, and azithromycin are alternative options.**
- **Symptom relief can be attained with fluids, rest, antipyretics and salt-water gargles**

**108. Newborn with pulse 300 bpm, with normal BP, normal RR, what do you will do for newborn?**

a) Cardiac Cardioversion
b) Verapamil
c) **Digoxin**
d) Diltzam IV

- **Treatment of supraventricular tachycardia in asymptomatic patients**
- **Ice to face and vagal maneuvers**
- **Adenosine**
- **Propranolol**
- **Digoxin**
- **Procainamide**

**109. Child with fever first after 2 days he got sore throat white yellow mouth lips lesion on erythematous base with gingivitis Dx?**

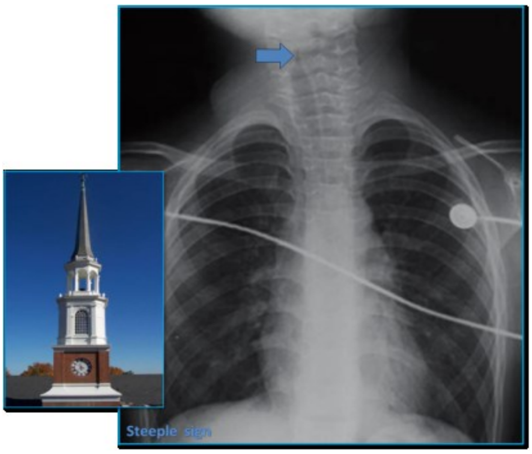
a) **HSV**
b) EBV
c) CMV
d) Adenovirus

**110. Child in ER , with dyspnoea , tachypnea , subepiglottic narrowing in x-ray :**

- **If thumbprint sign: Epiglottis**
- **If steeple sign: croup**



**Epiglottis (thumbprint sign)**



**steeple sign : croup**

**111. Child on chemotherapy, he developed septicaemia after introduce IV cannula, what is causative organisms?**

a) Hib
b) **Pseudomonas**
c) E.coli
d) strept
e) Klebsiella

**112. Baby born & discharge with his mother, 3weeks later he started to develop difficulty in breathing & become cyanotic, what is most likely diagnosis?**

a) VSD
b) **Hypoplastic left ventricle**
c) Coarctaion of aorta
d) Subaortic hypertrophy

**113. Attention Deficit Hyperactivity Disorder child what is the manegment?**

a) Ecitalpram
b) **Atomoxetine**
c) Olanzapine
d) Clonazepam

- **Combination of medications and behavioral therapy is far superior to just medication treatment**
- **A class of drugs called psychostimulants is a highly effective treatment for childhood ADHD. These medicines, including Adderall, Concerta, Daytrana and Ritalin, help children to focus their thoughts and ignore distractions.**
- **Another treatment is nonstimulant medication. These medications include Intuniv, Kapvay and Strattera "atomoxetine"**

**114. Child with moderate persistent BA On bronchodilator inhaler. Presented with acute exacerbation what will you add in ttt:**

a) **Corticosteroid inhaler**
b) Ipratropium bromide inhaler

**115. What is the best source of iron in a 3 month old infant**

a) **Beast milk**
b) Low fat cow milk.
c) Yellow vegetables.
d) Fruit.
e) Iron fortified cereals.

- **Infants absorb 100% of the iron in breast milk (less than 1 mg/L), but cannot absorb all of the iron in infant formulas.**

**116. 9 months infant, develop anemia, he start cow milk before 2 months, what is the management?**

a) **Stop milk**
b) Give antihistamine

**117. Child starts to smile**:

a) At birth
b) **2 months (6 weeks)**
c) 1month

**118. The child can walk without support in:**
a) 6months
b) 9months
c) **15 months**
d) 18month

- **12 months walk with one hand held, 15 months independently and takes a step up at 18 months.**

**119. Child recognize 4 colours, 5 words, hops on one foot, consistent with which age:**
a) 12 months
b) 24 months
c) **36 months**
d) 18 months

**120. You received a call from a father who has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advice:**
a) Bring him as soon as possible to ER
b) Call the ambulance
c) Give him his usual dose of insulin
d) **Give him IM Glucagon**
e) Give him Sugar in Fluid per oral

**121. Cardiac congenital heart disease in children, all true except:**
a) 4-5%
b) **VSD is the commonest**
c) ASD patient should not play a competition.

- **Congenital heart defects can be related to an abnormality of an infant's chromosomes (5 to 6 percent), single gene defects (3 to 5 percent), or environmental factors (2 percent). In 85 to 90 percent of cases, there is no identifiable cause for the heart defect, and they are generally considered to be caused by multifactorial inheritance.**

**122. 4 years old brought by his parents with weight > 95$^{th}$percentile, height < 5$^{th}$ percentile & bowing of both legs what is the appropriate management?**
a) **Liver & thyroid function tests**
b) Lower limb X-ray
c) Pelvis X-ray

**123. What a 4 years child can do : (Draw square)**
a) **Draw square 4 years & triangle 5 years**
b) Say complete sentence
c) Tie his shoes 5 years

**124. What condition is an absolute contraindication of lactation:**
a) Mother with open pulmonary TB for 3 month
b) Herpes zoster in T10 dermatome
c) **Asymptomatic HIV**

**125. A child is about to be given FLU vaccine, what allergy should be excluded before giving the vaccine?**
a) Chicken
b) **Egg**
c) Fish

**126. Newborn with fracture mid clavicle what is true**

a) Most cases cause serious complication
b) Arm sling or figure 8 sling used
c) **Most patient heal without complications**

- **Most clavicles fracture in newborn no need to treatment apart from careful handling.**
- **If the fracture is displaced and baby in pain, simple sling is require.**

**127. 5 days old baby vomited dark red blood twice over the past 4 hours. He is active and feeding well by breast. The most likely cause is:**

a) Esophagitis
b) Esophageal varices
c) Gastritis
d) Duodenal ulcer
e) **Cracked maternal nipples**

**128. 8 years old girl presented with fever, numerous bruises over the entire body and pain in both legs. Physical examination reveals pallor and ecchymosis and petechiae on the face, trunk and extremities. Findings on complete blood count includes a haemoglobin of 6.3 g/dl, white cell count of 2800/mm$^3$ and platelet count of 29,000/mm$^3$. Which of the following would be the MOST appropriate diagnostic test?**

a) Hb electrophoresis
b) **Bone marrow aspiration.**
c) Erythrocyte sedimentation rate.
d) Skeletal survey.
e) Liver and spleen scan.

**129. 12 months old baby can do all except:**

a) Walk with support one hand
b) Can catch with pincer grasp
c) **Can open drawers**
d) Response to calling his name
e) Can play simple ball

**130. A 5 months old baby presented to ER with sudden abdominal pain and vomiting. The pain lasts for 2-3 minutes with interval of 10-15 minutes in between. The most likely diagnosis:**

a) **Intussusceptions**
b) Infantile colic
c) Appendicitis

**131. 3 years old boy in routine exam for surgical procedure in auscultation discovered low pitch murmur continues in the right 2$^{nd}$ intercostal space radiate to the right sternal border increased by sitting & decreased by supine, what you want to do after that?**

a) Send him cardiologist
b) **Reassurance & till him this is innocent murmur**
c) Do ECG

- **Innocent Murmur Heart murmurs that occur in the absence of anatomical or physiological abnormalities of the heart and therefore have no clinical significance.**

**132. 1 year old baby complaining of acute hepatosplenomegaly, skin bluish nodules and lateral neck mass. What is the best investigation?**

a) liver biopsy
b) Bone marrow aspiration
c) MRI of the chest
d) EBV serology
e) CBC

**133. A 6 years old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:**

a) Bacterial endocarditis.
b) Viral myocarditis.
c) Acute rheumatic fever.
d) Pericarditis.
e) Congenital heart failure.

**134. 6 days old Neonate not feeding well, lethargic, with urine smell like burned sugar. The diagnosis is:**

a) Maple syrup urine syndrome
b) phenylketonurea

**135. A 3 years old child woke from sleep with croup, the differential diagnosis should include all except:**

a) Pneumonia
b) Tonsillitis
c) Cystic fibrosis
d) Inhaled foreign body

**136. Child with positive skin test of TB and previously it was –ve, Treatment of this child?**

a) INH alone
b) INH + Rifampicin
c) INH + rifampicin+ streptomycin
d) no treatment

**137. 15 years old boy came to your clinic for check-up. He is asymptomatic. His CBC showed: Hb 11.8 g/l, WBC 6.8 RBC 6.3 (high), MCV 69 (low), MCH (low), and Retic 1.2 (1-3)%, what is the most likely diagnosis?**

a) Iron deficiency anemia
b) Anemia due to chronic illness
c) β-thalssemia trait
d) Sickle cell disease
e) Folic acid deficiency

**138. short boy with decreased bon age, most diagnosis is**

a) Constitutional delay

**139. Mother bring her baby to you when she complain of diaper rash, she went to different drug before she come to you, she used 3 different corticosteroid drug prescribed by different physician, the rash is well demarcated & scaly, what is the diagnosis?**

a) seborrheic dermatitis
b) contact dermatitis include labi wheras candida not

**140. The treatment:**
a) Avoid allergen and steroid for contact dermatitis

**141. 18 months old child brought to you for delayed speech, he can only say "baba, mama", what's your first step in evaluating him?**
a) Physical examination
b) Delevelopmental assessment.
c) Head CT
d) Hearing test.

**142. Baby <2 years age present with a history of URTI, nasal discharge after that complicated to wheezing & there is rales in the end inspiratory & early expiratory phase ,prolonged expiratory phase , sever respiratory distress ,using the accessory muscle in respiration, what is the diagnosis:**
a) Viral pneumonia.
b) Bronchilitis
c) Bacterial pneumonia

**143. Mother bring her baby to you when he present with hematoma in his nail, How to manage this patient?**
a) No need things& ask him to go to the home.
b) Bring a sharp metal & press in the middle to evacuate the Hematoma.
c) Remove the nail



**144. Child with morbid obesity, what the best advice for him?**
a) Decrease calories intake
b) Dec fat intake
c) Increase fiber
d) Increase water

**145. A patient presented with fatigue, loss petite& bloody urine. She gave History of sore throat 3 weeks back. The most likely diagnosis is:**
a) hemorragic pyelonephritis
b) Post streptococcal GN
c) Heamorragic cystitis
d) Membranous GN
e) IgA nephropathy

**146. A young girl patient had UTI 1 week ago & received septra (trimethoprime + sulphamethoxazole). She came with crampy abdominal pain & proximal muscle weakness. The diagnosis is:**
a) Polymyositis
b) Gullian parre syndrome
c) Intermittent porphyria
d) Periodic hypokalemic paralysis

**147. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:**
a) Conjunctivitis
b) Blepharitis

- **Cough, coryza, conjunctivitis (red eyes), 40 °C, Koplik's spots seen inside the mouth are pathognomonic (diagnostic) for measles.**

**148. Two absolute contraindications to DTP and DTaP:**

a) **An immediate anaphylactic reaction &encephalopathy within 7 days.**
b) Seizure within 3 days of immunization
c) crying within 3 days for 3 or more hours within 48 hours
d) Collapse or shock-like state within 48 hours
e) Temperature ≥ 40.5°C (104°F) within 48 hours

- **Contraindications: DTP or DTaP administration**
- **Absolute:**
  - Severe reaction following prior DTP or DTaP
  - Immediate Anaphylaxis
  - Encephalopathy within 7 days of Vaccine
- **Relative:**
  - Moderate Reaction following prior DTP or DTaP
  - Fever > 40.5 C within 48 hours of vaccine
  - Seizure within 72 hours of vaccine
  - Hypotension or Unresponsive Episode within 48 hours
  - Inconsolable Crying >3 hours within 48 hours
  - Guillain-Barre Syndrome within 6 weeks of vaccine
- **Conditions not contraindicating vaccine**
  - Family History of adverse vaccine event
  - Family History of SIDS
  - Family of Seizure disorder
  - Fever following prior vaccine <40.5 C (105 F)
- **If Vaccine Contraindicated, then**
  - Allergy Testing for anaphylactic reaction
  - Administer DT to all other groups

**149. Management of obesity in 10 years boy:**

a) **Multifactorial**

**150. 2 years baby with gray to green patch in lower back, no redness or hotness, diagnosis is**

a) Child abuse
b) **No treatment need**
c) Bleeding tendency



- **Mongolian spot: visible in 6 month and normally disappear to 3-5 years.**
- **No need treatment.**

**151. Child normal the doctor discovered by exam that mid sterna murmur at late systolic crescendo-decrescendo like with wide splitting diagnosis is?**

a) **Causes include mitral valve prolapse**
b) Tricuspid valve prolapse
c) Papillary muscle dysfunction

**152. Baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he**

a) 8 months
b) **10 months**
c) 12 month
d) 18 month

**153. Boy 3 day after flue symptom develop conjunctivitis with occipital and neck L.N enlarged so diagnosis**

a) **Adenoviral Conjunctivitis**
b) Streptococcus
c) HSV

**154. The most common cause of failure to thrive in paediatric is**

a) **Malnutrition**

**155. Baby complaining increasing haemangioma in the back 2cm:**

a) **Observation**
b) Oral steroid
c) Injection steroid
d) Excision

**156. Baby can copy triangle and square what age:**

a) 2 years
b) 3 years
c) **5 years**

**157. Child with dental caries and history of bottle feeding So dd**

a) **Nurse milk caries**

**158. Lactating women infected with rubella, management is**

a) **MMR**
b) Stop lactation

- **Rubella not protected by postexposure administration of live vaccine**

**159. 2 months infant with white plaque on tongue and greasy, past history of clamydia conjunctivitis after birth treated by clindamycin, what is the treatment oral thrush?**

a) **Oral nystatin**
b) Topical steroids
c) Topical acyclovair
d) Oral tetracycline

**160. Asystole is one of the non shockable waves what you gonna do is CEAP?**

a) **CPR**
b) Epinephrine
c) Atropine
d) Pacing

**161. Group of diseases include, cystic fibrosis, liver failure, the cause is**

a) **Alpha one antitrypsin deficiency**

- **$\alpha_1$-antitrypsin deficiency has been associated with a number of diseases:**
- **Cirrhosis**
- **COPD, pneumothorax, asthma, emphysema, Bronchiectasis and cystic fibrosis**
- **Wegener's granulomatosis**
- **Pancreatitis, Gallstones, Primary sclerosing cholangitis & Autoimmune hepatitis**
- **Pelvic organ prolapse**
- **Secondary Membranoproliferative Glomerulonephritis**
- **Gallbladder cancer, Hepatocellular carcinoma, bladder carcinoma, Lymphoma &Lung cancer**

**162. Febrile infant with no obvious cause, Do all except:**

a) CT scan

**163. Child known case of BA moderate intermittent on inhaled salbutamol ,,, about management**

a) Add inhaled steroid

**164. Child with febrile seizure**

a) Give her paracetamol when she had a fever
b) Give her phenobarbiton when she had a fever

**165. 2 month old baby on breast feeding Mother asked you about her baby feeding**

a) Solid fluid after 4-6 month

**166. Child after falling down from bed sustained multiple area of erosion**

a) Hemophilia

**167. Child present with URTI, lymphadenopathy, splenomegaly ttt :**

a) Amoxicillin
b) Supportive treatment only
c) Clindamycin

**168. Boy presented to the ER complaining of sudden onset of abdominal pain & leg cramps, he had history of vomiting 2 days ago, he was dehydrated. Na = 150 , K = 5.4 ,, glucose = 23mmol ,The best initial investigation is**

a) CBC
b) Blood culture
c) ABG ( the Dx is DKA)
d) Urinalysis (dipstick)
e) U/S

**169. 3 year old child needs oral surgery & comes to your clinic for check-up. On examination 2/6 continuous murmur, in upper right sternal borders that disappear with sitting , next step:**

a) Give AB prophylaxis
b) Ask cardiology consult
c) Clear for surgery
d) Do ECG

**170. 17 years old girl missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do**

a) Give her double dose vaccine
b) Give her the second dose only
c) See if she has antibody and act accordingly
d) Revaccinate from the start.

**171. In a baby with polyhydromnios what could be the cause:**

a) Duodenal atresia

**172. Child with mild trauma develop hemoarthrosis, in past history of similar episode DX ?**

a) Platelets dysfunction
b) Clotting factor deficiency

- **Superficial bleeding ▫platelets dysfunction**
- **Deep bleeding ▫clotting problems**

**173. Infant newly giving cow milk in 9 months old, closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough, sputum examination reveal hemoptysis, x-ray show lung infiltration, what is your action?**

a) Diet free milk
b) Corticosteroid
c) Antibiotics

- **Explanation: infantile pulmonary hemosiderosis.**

**174. Patient with signs and symptoms of autism what medication to give**

- **Treatment**: A variety of therapies are available, including
- **Applied behavior analysis (ABA)**
- **Medications:** Currently, only **risperidone** is approved to treat children ages 5 - 16 for the irritability and aggression that can occur with autism. Other medicines that may also be used include **SSRIs**, **divalproexsodium** and other **mood stabilizers**, and possibly stimulants such as **methylphenidate**. There is no medicine that treats the underlying problem of autism.
- **Occupational therapy**
- **Physical therapy**
- **Speech-language therapy**

**175. Child with posing head, bowing tibia "rickets", what is the deficiency?**

a) Vitamin D deficiency.

**176. 5 years child have congested throat 2 day, complain of painless, clear, vaginal discharge DX>>>>>**

a) Foreign body
b) Candida
c) N. gonorrhea
d) Streptococcus (SURE 100%)
e) Tracomanas

**177. After delivery start breast feeding :**

a) As soon as possible
b) 8hrs
c) 24 hrs.
d) 36 hrs.
e) 48 hrs.

**178. A 14 years old boy with type 1 D.M. presented in coma. His blood glucose level is 33 mmol/l. Na is 142 mmol/l, K is 5.5 mmol/l, bicarb is 10 mmol/l. the following are true except : ??**

a) The initial Rx. Should be IV normal saline 3l/hourfor1-2hours
b) IV insulinloadingdose1u/kg is necessary.
c) IV Na bicarbonate could be given if pH is 7 or less.
d) Hyprephosphatemia can occur during trement.
e) Hyperchloremia can occur during treatment

- **Hyperchloremic metabolic acidosis with a normal anion gap often persists after the resolution of ketonemia.**
- **This acidosis has no adverse clinical effects and is gradually corrected over the subsequent 24-48 hours by enhanced renal acid excretion.**
- **Hyperchloremia can be aggravated by excessive chloride administration during the rehydration phase.**

**179. 10 years old girl presented with a 2 days history of fever and a 4 cm, warm, tender and fluctuant left anterior cervical lymph node. The MOST likely diagnosis is**

a) Hodgkin's disease.
b) Acute lymphoblastic leukemia (ALL).
c) Histiocytosis X.
d) **Acute bacterial lymphadenitis**.
e) Metastatic neuroblastoma.

**180. A 7 months old child is brought to your office by his mother. He has an upper respiratory tract infection for the past 3 days. On examination, there is erythema of the left tympanic membrane with opacification. There are no other signs or symptoms. What is the MOST likely diagnosis in this patient?**

a) **Acute otitis media.**
b) Otitis media without effusion.
c) Chronic otitis media.
d) Otitis media with effusion.
e) Chronic suppurative otitis media.

**181. Nonbilious vomiting that increase in volume and frequency is seen**

a) **Alkalosis >> low K+, low chloride and metabolic alkalosis.**

- **Unconjugated hyperbilirubinemia is also present.**

**182. Which of the following medications has been shown to be safe and effective for migraine prophylaxis in children?**

a) **Propranolol**
b) Fluoxetine.
c) Lithium.
d) Naproxyn.
e) Timed-released dihydroergotamine mesylate (DHE-45).

**183. Term baby born to a mother who developed chickenpox 7 days before delivery. The baby is a symptomatic, which is true?**

a) Give acyclovir 15 mg /kg I.V Q 8 hr. for 7 days immediately
b) **Give acyclovir & varicella zoster immune globulin when the baby develops symptoms.**
c) Serologic evidence is needed before initiation of therapy
d) The mother & baby should be nursed together at their own room
e) None of the above.

- **15% of pregnant women are susceptible to varicella (chickenpox). Usually, the fetus is not affected, but is at high risk if the mother develops chickenpox:**
- **In the 1st half of pregnancy ( < 20 weeks ), when there is a < 2 % risk of the fetus developing sever scarring of the skin & possibly ocular & neurological damage**
- **Within 5 days before or 2 days after delivery, when the fetus is unprotected by maternal antibodies & the viral dose is high. About 25 % develop a vesicular rash. Exposed susceptible women can be protected with varicella zoster immune globulin & treated with acyclovir. Infants born in the high-risk period should also receive zoster immune globulin & are often also given acyclovir prophylactically.**

**184. 4 years old girl, decrease head growth, decrease social intraction, decrease in language …etc:**

a) **Rett's syndrome**

**185. A 48 hours old newborn infant in critical care unit with respiratory distress & Jaundice. Hb 9g/dl, retic 4%. Maternal Hx of previous normal term pregnancy without transfusion, Blood typing shows hetero specificity between mother and child. Indirect Coomb's test is +ve. The most probable Dx is:**

a) Thalassemia
b) **Maternal-Fetal blood group incompatibility**
c) Sickle cell anemia
d) Septicemia
e) Hereditary Red cell enzyme defect.

**186. A 6 years old girl is brought to the family health center by her mother. The child today had sudden onset of a painful sore throat, difficulty swallowing, headache and abdominal pain. The child has had no recent cough or coryza and was exposed to someone at school that recently was diagnosed with a "strep throat". On examination the child has a temperature of 40oC. She has tender anterior cervical nodes and exudative tonsils. The lungs, heart, and abdominal examination are benign. What treatment would you offer for this child?**

a) Zithromax
b) **Penicillin V**
c) Ciprofloxacin
d) No antibiotics, rest, fluid, acetaminophen, and saline gargles.
e) Trimothoprim.

- **In URTI there's a McIsaac criterion (weather or not to start antibiotics): no cough, tender anterior cervical L.N., erythmatous tonsils with exudates, fever> 38, age 3-14. if 0-1 no culture no antibiotics, 2-3 culture if positive antibiotics, 4 start antibiotics. And in this cause 4 are present..**
- **Treatment is by penicillin V if allergic erythrmomycin.**

**187. Development in children, all are true EXCEPT:**

a) **At 1 year can feed himself by spoon)**

**188. Which one of the following component causes contact dermatitis in children?**

a) **Citric acid**
b) Cinnamon

- **Primary Contact Dermatitis**: is a direct response of the skin to an irritant. The most common irritants are **soap**, **bubble bath** (may cause severe vaginal prorates in prepubertal girls), **saliva**, **urine**, **feces**, **perspiration**, **citrusjuice**, **chemicals** (creosote, acids) &**wool**.
- Allergic Contact Dermatitis: requires **reexposure of the allergen** and characterized by **delayed hypersensitivity reaction**.
- The most common allergen implicated include **poison ivy**, **poison oak** &**poison sumac** (rhus dermatitis), **jewelry** (nickel), **cosmetics** (causing eye lid involvement) &**nail polish**, **topical medications** [neomycin, thimerosal, **calamine**, **para-aminobenzoic acid** (PABA)], **shoe material** (rubber, tanning agents, dye) and **clothing materials** (elastic or latex compounds).

**189. To prevent tetanus in neonate**:

a) Give anti-tetanus serum to neonate
b) Give immunoglobulin to mother
c) **Give tetanus toxoid**
d) Give antibiotics to mother
e) Give penicillin to child to kill tetanus bacilli

- **DTP= diphtheria, tetanus & pertussis D&T are toxoids, P is inactivated bacteria Route**

**190. A 6 year old girl developed day time wetting for 2 days. She is fully toilet trained. She is afebrile & dry for 4 years. The most appropriate diagnostic measure is:**
a) Bladder US
b) Examination of vaginal vault
c) **Urine analysis & culture**
d) Urine specific gravity
e) Voiding cysto-urethrography

- **Lab Investigations:**
- **Urinalysis and the specific gravity** of urine should be obtained after an overnight fast and evaluated to exclude polyuria secondary to diabetes as a cause of frequency and incontinence and to determine if there is normal concentrating ability.
- **Urine culture** will determine the presence or absence of a urinary tract infection, which, when treated could improve continence.
- If daytime wetting is occurring, a **renal and bladder ultrasound** may help **rule out possible outlet obstruction**
- **Spine imaging or MRI** may determine if there is a neurological cause.

**191. 7 months old boy presented with history of interrupted feeds associated with difficulty in breathing and sweating for the last 4 months. Physical examination revealed normal peripheral pulses, hyperactive precordium, normal S1, loud S2 and Pansystolic murmur grade 3/6 with maximum intensity at the 3rd left intercostal space parasternally. The MOST likely diagnosis is:**
a) Small PDA (Patent ductus arteriosus).
b) Large ASD (Atrial septal defect).
c) Aortic regurgitation
d) Mitral regurgitation.
e) **Large VSD (Ventricular septal defect).**

**192. All of the following are true about pyloric stenosis, EXCEPT:**
a) Incidence male more than female
b) Onset is generally late in the first month of life
c) **Vomitus is bile stained**
d) Appetite is good
e) Jaundice occur in association

**193. Composition of standard and reduced osmolarity ORS solutions, The amount of Na+ in ORS "oral rehydration solution" in (WHO) is:**
a) 150 meq
b) 120
c) **90**
d) 60
e) 30

**Composition of standard and reduced osmolarity ORS solutions**

| | Standard ORS solution | Reduced Osmolarity ORS solutions | | |
|---|---|---|---|---|
| | (mEq or mmol/l) | (mEq or mmol/l) (21) | (mEq or mmol/l) (6, 14, 22-27) | (mEq or mmol/l) (13, 15-18, 28-29) |
| Glucose | 111 | 111 | 75-90 | 75 |
| Sodium | 90 | 50 | 60-70 | 75 |
| Chloride | 80 | 40 | 60-70 | 65 |
| Potassium | 20 | 20 | 20 | 20 |
| Citrate | 10 | 30 | 10 | 10 |
| Osmolarity | 311 | 251 | 210-260 | 245 |

**194. Risk factor of sudden death syndrome includes all of the following, EXCEPT:**
a) Cigarette smoking during pregnancy
b) **Old primigravida**
c) Crowded living room
d) Prematurity
e) Small gestational age

- **Potential risk factors include**
- **smoking, drinking, or drug use during pregnancy**
- **poor prenatal care**
- **Prematurity or low birth-weight**
- **Mothers younger than 20**
- **Smoke exposure following birth**
- **Overheating from excessive sleepwear and bedding**
- **Stomach sleeping**

**195. Symptoms of cystic fibrosis in neonate:**
a) **Meconium ileus**
b) Pneumothorax
c) Steatorrhea
d) Rectal prolapse

- **Meconium ileus is associated with CF (defect in chromosome 7, autosomal recessive)**

**196. DKA in children, all of the following are true EXCEPT:**
a) Don't give K+ till lab results come
b) ECG monitoring is essential
c) If pH < 7.0give HCO3-
d) NGT for semiconscious pt
e) **Furosemide for patient with oligouria**

- **Give fluid (volume resuscitation) is the goal. Polyuria is one of DKA symptoms, not oliguria.**

**197. Hypothyroid in young baby usually due to:**
a) Endocrine irresponse
b) Enzyme deficiency
c) Drug by mother
d) **Agenesis**

- **Missing or misplaced thyroid gland**
- **Most babies with CH are missing their thyroid gland or have a thyroid that did not develop properly. In some cases, the thyroid gland may be smaller than usual or may not be located in the correct place.**
- **In healthy people, the thyroid gland is located in the center of the front of the neck, near the top of the windpipe. In some children with CH, the thyroid gland may instead be under the tongue or on the side of the neck. If the thyroid gland is in the wrong place, or if it is underdeveloped, it often does not work well and makes less thyroid hormone than needed by the body.**
- **If the thyroid gland is missing, the baby cannot make any of its own thyroid hormone. A missing, underdeveloped or misplaced thyroid gland is a birth defect that happens for unknown reasons and is usually not inherited.**

**198. MMR given at age of:**

a) 3 months
b) 8 months
c) **12 months**
d) 24 months

**199. 6 months old patient with sepsis, the most likely organism will be:**

a) Listeria.
b) Hemolytic Streptococci.
c) **H. Influenza type B**.
d) Staph. Epidermis.

**200. Hospitalized child (on chemotherapy) and when start IV access develop sepsis organism:**

a) E. coli
b) **Pseudomonas**
c) strep

**201. All are vaccines given in Saudi Arabia to normal children EXCEPT:**

a) TB.
b) Pertussis.
c) **H. Influenza type B (HiB).**
d) Mumps.
e) Diphtheria

**202. Neonatal just delivered, term pregnancy. Developed respiratory distress CXR showed multicystic lesion in Lt side shifted mediastinum to the Rt , decreased bilatral breath sound & flat abdomen:**

a) **Diaphragmatic hernia**
b) RDS
c) Emphysema

**203. Child with BMI 24.4**

a) **Normal BMI**

**204. 2 months boy with projectile vomiting. On examination olive mass in right upper quaderant of abdomen. 1st step of investigation is:**

a) X-ray abd.
b) U&E
c) Barium study
d) **US**

**205. Sign of congestive heart failure in children all .EXCEPT**

a) Gallop rhythm
b) Periorbital edema
c) Basal crept.
d) Hepatomegaly
e) **Bounding pulse**

**206. Treatment of meningitis:**

a) Amoxycilin
b) Deoxycillin
c) **Ampicillin**

**207. Treatment of tetralogy of fallot ,all true EXCEPT**

a) Thoracotomy
b) **Use of systemic antibiotics.**
c) Chest tube insertion.

- **Definitive management is total correction of pulmonary stenosis and VSD this can be performed even in infancy**
- **Blalock shunt if pulmonary arteries are excessively small, to increase pulmonary blood flow and decrease hypoxia**
- **This consists by creation of shunt from a systemic to pulmonary Artery by anastomosis between subclavian to pulmonary artery(pulse is not palpable on ipsilateral side after procedure)**
- **Antibiotic prophylaxis for endocarditis**
- **Fallot's spells need propranolol**
- **Vasodilators should be avoided**.

**208. Child presented with history of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is**

a) Sinopulmonary syndrome
b) **Sleep apnea**
c) Laryngeomalacia
d) Adenoidectomy.

- **Tonsillitis and enlarged adenoids** may occlude the nasopharyngeal airway especially during sleep, this results in obstructive sleep apnea, the child will present with loud snoring punctuated by periods of silence followed by a large gasp and as a complication of interrupted sleep ,child will have somnolence and sleep during the day
- **Laryngeomalacia**: the stridor starts at or shortly after birth and is due to inward collapse of soft laryngeal tissue on inspiration. It usually resolves by the age of 2 or 3yrs, but meanwhile the baby may have real respiratory difficulties, diagnosis is confirmed by laryngoscopy.

**209. Child attended the clinic 3 times with history of cough for 5 days, he didn't respond to symptomatic treatment, which of the following is true in management?**

a) CXR is mandatory
b) **Trial of bronchodilator**
c) Trial of antibiotics

- **Cough is the most common symptom of respiratory disease and indicates irritation of nerve receptors in pharynx, larynx, trachea or large bronchi. While recurrent cough may simply indicate that the child is having respiratory infection, in addition to other causes that need to be considered**

**210. Meningitis in childhood, all are true, EXCEPT:**

a) Group B streptococci and E.coli are the most common cause in neonates.
b) H. influenza meningitis can be treated by ampicillin or chloramphenicol.
c) Present with specific signs in neonates
d) **If pneumococcal meningitis, Rifampicin is given to contact.**

- **May be (b)if we consider that H.influenza is becoming resistant to penicillin, but if we consider that it is an old question ,then, it is true information and the answer will be (d).**
- **The most common pathogens in neonates are: E.coli, group B streptococci and L.monocytogenous.**
- **Chemoprophylaxis of contacts is not necessary to prevent the spread of pneumococcal meningitis. However, chemoprophylaxis is an important aspect of prevention of invasive pneumococcal infections in children with functional or anatomic asplenia (e.g. SCD). Besides, the prophylaxis will be with penicillin not with rifampin**

**211. 2 weeks old infant with jaundice, cirrhosis and ascites, the cause is:**

a) Gilberts disease
b) Criggler-najjar syndrome
c) **Congenital biliary atresia**
d) Dubin

**212. Whooping cough in children, all are true EXCEPT:**

a) Absolute lymphocytosis.
b) Can cause bronchiectasis.
c) **Patient is infective for 5 weeks after onset of symptoms.**

- **The incubation period is typically seven to ten days in infants or young children, after which there are usually mild respiratory symptoms, mild coughing, sneezing, or runny nose. This is known as the catarrhal stage. After one to two weeks, the coughing classically develops into uncontrollable fits, each with five to ten forceful coughs, followed by a high-pitched "whoop" sound in younger children, or a gasping sound in older children, as the patient struggles to breathe in afterwards (paroxysmal stage).**
- **Persons with pertussis are infectious from the beginning of the catarrhal stage (runny nose, sneezing, low-grade fever, symptoms of the common cold) through the third week after the onset of paroxysms (multiple, rapid coughs) or until 5 days after the start of effective antimicrobial treatment.**
- **Common complications of the disease include pneumonia, encephalopathy, earache, or seizures**
- **Most healthy older children and adults will have a full recovery from pertussis; however those with comorbid conditions can have a higher risk of morbidity and mortality.**
- **Infection in newborns is particularly severe. Pertussis is fatal in an estimated 1.6% of hospitalized infants who are under one year of age. Infants under one are also more likely to develop complications (e.g., pneumonia (20%), encephalopathy, seizures (1%), failure to thrive, and death (0.2%). Pertussis can cause severe paroxysm-induced cerebral hypoxia and apnea. Reported fatalities from pertussis in infants have increased substantially over the past 20 years**

**213. Child brought by his father looks pale doesn't like to meat. Hypochromic microcytic anemia**

a) Bone Marrow biopsy
b) Transferi
c) **Daily iron and vitamin**

**214. About Kernicterus, all are true EXCEPT:**

a) Can occur even if neonate is 10 days old.
b) It causes neurologicl abnormalities, it can be reversed.
c) Can cause deafness.
d) **All types of jaundice cause it.**

- **Kernicterus: Severe hyperbilirubinemia TSB>25-30 mg/dl (428-513 micromol/l) is associated with increased risk of Bilirubin-Induced Neurological Dysfunction ( BIND) which occurs when bilirubin crosses BBB & bind to brain tissue.**
- **The term acute bilirubin encephalopathy (ABE) is used to describe acute manifestation of BIND, the term '' KERNICTERUS'' is used to describe the chronic & permanent sequelea of BIND.**
  **So, rgarding the choice (b) is not a rule b/c early detection can prevent permanent neurological deficit & reverse the acute (ABE) but the ''KERNICTERUS'' is a term used to describe the chronic sequelea.**
- **Age: Acute bilirubin toxicity appears to occur in the 1st few days of life of the term infant. Preterm infants may be at risk of toxicity for slightly longer than a few days. If injury has occured, the 1st phase of acute bilirubin enchephalopathy appears within the 1st week of life.**
- **Complications of kernicterus: Extrapyramidal system abnormalities, auditory dysfunction, gaze dysfunction, dental dysplasia.**

**215. Infant brought by the mother that noticed that the baby has decreasing feeding, activity and lethargic on examination febrile (39), tachycardia, his bp 75/30, with skin rash. DX:**
a) **Septic shock**

**216. 4 years old child what can he do :**
a) Copy square and triangle
b) **Speak in sentences**

**217. Regarding child with moderately severe asthma, all are true EXCEPT:**
a) **PO2<60**
b) PO2>60
c) Low Bicarb. Level
d) IV cortisone can help.

- **Moderately-severe asthma: The R.R. is increased. Typically, accessory muscles of respiration are used, and suprasternal retractions are present. The H.R. is 100-120 b/min. Loud expiratory wheezing can be heard.**
- **Pulsus paradoxes may be present (10-20 mm Hg). Oxyhemoglobin saturation with room air is 91-95%. 250 cases in clinical medicine:**
- **Indicators of VERY SEVERE, LIFE-THREATENING attack (NOT moderately – severe attack):**
- **Normal (5-6 kPa, 36-45 mmHg) or increased CO2 tension.**
- **Severe hypoxia of LESS than 8 kPa (60 mmHg).**
- **Low pH.**
- **In very severe, life threatening attack: Normal or increased PCO2 -----Low pH (resp. acidosis) --High Bicarb, level**
- **In moderately severe attack:**
  **Hyperventilation low PCO2 -High pH (resp. alkalosis) --Low Bicarb. Level.**

**218. Child, ingested acoustic material, looks ill and drooling what is your immediate action:**
a) Antibiotics
b) Endoscopy
c) Chelating agent
d) **Airway assessment**

**219. A blood transfusion given to child who then developed a bleed, what is the cause:**
a) ↓prothrombin
b) ↑fibrinolytic activity
c) ↓ca++
d) **↓Fibrinogen**
e) ↓platelets

- **Bleeding due to depletion of platelets and clotting factors in stored blood**
- **Fibrinogen deplete faster than platelets →answer is ↓fibrinogen Treatment first is FFP if not corrected then platelet transfusion**

**220. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm enduration in the child this suggest**
a) Inconclusive result
b) Weak positive result
c) **Strong positive result**

**221. A child came to ER due to haematuria after history post strept GN, so the diagnosis test :**
a) LowC3
b) Increase BUN creatinine
c) **Streptozyme**

- **Diagnosis depends on:**
- **+ve pharyngeal or skin culture**
- **↓complement.**
- **Elevated BUN and creatinine values**
- **ASO titers are frequently used to document streptococcal infection, but a more sensitive test is the streptozyme test, which tests antibodies to ASO, anti–DNAse B, AHase, and anti-NAD.**

**222. Meningitis, CSF : Glucose normal, protein high, high leukocytes mainly lymphocytes 70:**
a) **Viral meningitis**

**223. Risk factor for HSV II accusation in infants all of the following EXCEPT:**
a) Cervical transmission is commoner than labial
b) Maternal first episonde is of greater risk than recurrence
c) **Maternal antibodies against HSV I protect from HSV II**
d) Head electrodes increase risk of infection

- **Neonatal herpes simplex encephalitis¤the predominant pathogen is HSV-2 (75% of cases), which is usually acquired by maternal shedding (frequently asymptomatic) during delivery. A preexisting but recurrent maternal genital herpes infection results in 8% risk of symptomatic infection, usually transmitted at the second stage of labor via direct contact. Should the mother acquire genital herpes during pregnancy, the risk increases to 40%.**
- **The absence of a maternal history of prior genital herpes does not exclude risk; in 80% of cases of neonatal HSE, no maternal history of prior HSV infection is present. Prolonged rupture of the membranes (>6 h) and intrauterine monitoring (eg, attachment of scalp electrodes) are risk factors.**
- **In about 10% of cases, HSV (often type 1) is acquired post-partum by contact with an individual who is shedding HSV from a fever blister, finger infection, or other cutaneous lesion**

**224. 5 years old child with abdominal pain after 2 wks of URTI, HB 8, retics 12% WBC NL peripheral blood smear showed target cells, RBC inclusions dx:**
a) **SCA (the only hemolytic anemia in the answers)**

- **This child has a vaso occlusic crysis of SCA that caused by URTI, Hiehg retic>> hemolytic, Target>> SCA Iinclusion>> fuctional aspleensim ( which is occure in SCA)**

**225. Most common cause of failure to thrive?**
a) Asthma
b) **Intolerance to failure to proteins and carbohydrates**
c) Cystic fibrosis
d) Low socioeconomic status
e) GERD

**226. 8 month child with coryza, fever, cough, T 38 c. best management is:**
a) **Paracetamol + culture sensitivity**
b) Admission and start parenteral Antibiotic

**227. child developed fever, headache after rupture of maculi lesion on his face**
a) **Varicella**
b) HSV1
c) HSV2
d) CMV
e) Rubella

**228. 12 years old boy with jaundice &increase indirect bili dx** :
a) Autoimmune hepatitis
b) **Glibert**

**229. DPT vaccine shouldn't give if the child has:**
a) Coryza
b) Diarrhea
c) **Unusual cry**
d) Fever = 38

**230. Vasoconstrictive nasal drops complication** :
a) **Rebound phenomenon**

**231. Epididymitis:**
a) Common at the age 12-18
b) Iliac fossa pain
c) Scrotal content does not increase in size.
d) Ultrasound will confirm the diagnosis.
e) **None of the above**

**232. Childhood asthmaall are true except:**
a) 90% bronchospasm are induced by exercise.
b) Inhalation of beclamethasone is safe.
c) Inhalation by aerospace champer in younger child.
d) Hypercapnia is the first physiological change.
e) **Cough is the only symptom.**

- **Regarding A: Upper respiratory tract infection is the most common cause of asthma exacerbations!!!**
- **Not broncohospasm only which is not a complicated problem!**
- **B, C and D are correct**
- **Cough (nocturnal usually) can be the only symptom but cyanosis, SOB, wheezing....etc. can occur.**

**233. Diarrhoea can occur in all the following, EXCEPT:-**
a) **Hypothyroidism**
b) Hyperthyroidism

**234. 18 months baby can typically do the following except:**
a) Have a vocabulary of 10 words
b) **Build a ten brick tower.**
c) Drink from a cup.
d) Feeds himself with a spoon.

- **Explanation: Can build a tower of 2 - 3 blocks, can use a spoon & cup and can say 10 words.**

**235. Acute gait disturbance in children, all of the following are true EXCEPT:**
a) Commonly self-limiting
b) Usually the presenting complaint is limping
c) Radiological investigation can reveal the Dx
d) Most often there is no cause can be found

**236. All the following can cause small stature in children except:**
a) Hypothyroidism
b) Tunner syndrome
c) Klinefenter syndrome
d) Down syndrome

**237. In new born ,the following needs immediate treatment:**
a) Asymptomatic Hydrocele
b) Erupted tooth
c) Absent femoral pulse

**238. A 6 weeks old infant presented with yellowish eye discharge and persistant tearing of one eye since birth, all of the following are true Except**
a) Treatment include sulphacetamide ointment daily
b) Advice the mother to do warm massage
c) Can be treated by systemic antibiotics
d) Do probing to bypass the obstruction

**239. Mother came with her child who had botulism, what you will advise her**
a) Never eat canned food again
b) Store canned food at home
c) Boil canned food for 40-50 min
d) Check expiry date of canned food

**240. Which of the following is describe the normal developmental stage for 6 months old child :**
a) Sits without support
b) Rolls front to back
c) No head lag.(3 months)
d) Stand alone. (1 year)

**241. Case about diagnosis of acute lymphocytic leukaemia ALL**

- **The total number of white blood cells may be decreased, normal, or increased, but the number of red blood cells and platelets is almost always decreased. In addition, very immature white blood cells (blasts) are present in blood samples examined under a microscope.**
- **A bone marrow biopsy almost always done to confirm the diagnosis and to distinguish ALL from other types of leukemia**

**242. Child fell on her elbow and had abrasion, now swelling is more, tenderness, redness, swelling is demarcated (they gave dimensions) child has fever. Dx:**
a) Gonoccal arthritis
b) Synovitis
c) Cellulitis of elbow

**243. Baby with vesicles on the face and honey comb crust which of the following organism cause it:**
a) Staph aurous

**244. You are supposed to keep a child NPO he's 25 kgs, how much you will give:**

a) 1300
b) 1400
c) 1500
d) **1600**

**245. Parents brought their baby to you who is on bottle feeding. On exam whitish lesion on either side of teeth seen with blackish lesion on maxillary incisors and second molar teeth. There is history of leaving the baby with bottle in his mouth during sleeping. The Dx:**

a) **Nursery dental caries**
b) Gingvostomatis

**246. Most common tumor in children**

a) **ALL**
b) Rabdomyosarcoma
c) Wilm's tumor

- **ALL : most common childhood tumor**
- **Rabdomyosarcoma : most common soft tissue tumor**
- **Wilm's tumor: most common intra- abdominal childhood tumor**

**247. Child with moderate asthma and he on b2agnosit what you will add to decrease the recurence of asthma attacks**

a) **Corticosteroids inhaler**

**248. 6 years old boy, eat the paper and soil, best initial ttt is:**

a) Fluxitin.
b) **Behavioral therapy.**

**249. Neonate with mucopurulant eye discharge lid swelling and culture positive for gm –ve diplococcic , treatment**

a) **intravenous cephalosporin**

**250. Child came to ER with fever, stridor, x-ray showed swollen epiglottis, in addition to oxygen, what u will do?**

a) Throat examination.
b) An emergency tracheostomy.
c) **Endotracheal intubation**
d) Nasopharyngeal intubation.

**251. Child with aspirin intake overdose ...what kind of acid base balance:**

a) Metabolic alkalosis wt respiratory
b) Metabolic acidosis wt respiratory alkalosis
c) **Respiratory alkalosis with metabolic acidosid**
d) Respiratory acidosis with metabolic alkalosis

**252. Eight years old child with late systolic murmur best heard over the sterna border, high pitch, crescendo, decrescendo, diagnosis is**

a) Physiological murmur
b) Innocent murmur
c) **Ejection systolic murmur**
d) Systolic regurgitation murmur

**253. Child was presented by congested throat , coryza , high grade fever , which of the following is true regarding this condition :**

a) Viral > bacterial
b) **Bacterial > viral**
c) Antibiotics should be given any way
d) It is most likely due to EBV

**254. Baby with red macule & dilated capillary on the right side of the face**

a) **Sturge-Weber Syndrome or Nevus Flammeus**
b) Milia or cavernous haemangioma

**255. 3 years old with symptoms of acute urinary tract infection which of the following you would like to do in this acute state:**

a) **Renal U/S**
b) Folly catheter
c) VSUG

**256. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:**

a) EBV
b) Cocxaci virus
c) **Rubella virus**
d) Vaccini virus

**257. 4 years old child, was diagnosed as SCD, so many times came to hospitals with, dyspnoea, dactylites, (he put sign of acute crises ), the best strategy for prolonged therapy is:**

a) IV hydration fluids with analgesia.
b) Follow in Out pt clinic
c) **Refer to tertiary haem center.**

**258. Children while he was playing a football , the ball hit his hand from lateral fingers, after a while the child complains pain and swelling on those fingers and painful middle finger with hyperextension of interphalengial joint, swelling was more in the DIP and IP Joints , also , there was pain on his palm, what is the most likely cause:**

a) **Rupture of profound muscles in hand**
b) Rupture of superficial muscle

**259. child transfer to another city and attend a new school he lose his attention and doesn't react with colleagues the most appropriate description:**

a) **Adjustment syndrome**

**260. Child has 39 fever, red tonsils with no exudate , slightly enlarged LN but not tender**

a) Could be viral or bacterial
b) It is unclear so start antibiotic
c) **It is more likely viral**
d) It is more likely bacterial
e) It is EBV

**261. Neonate with bilious vomiting, don't pass faces next investigation:**

a) Barium enema
b) **PR examination ( R/O Hirshprung dis. )**

**262. Child in well-baby clinic can name 4 colour say 5 word, hop on one leg .what is the age?**

a) **48 months**

**263. Child was playing and felt in the toy, his leg rapped and twisted he don't want to walk since yesterday?**

a) Ankle tissue swelling
b) **Spiral tibial fracture**
c) Chip tibial fracture
d) Femur neck of the tibia fracture

**264. 4 years old child loss his skill and became isolated**

a) **Autism**
b) Aspirgl

**265. To prevent infection in new born**

a) **Hand wash between examine every child**
b) Wear Gloves
c) Overshoes
d) Culter from equipment

**266. most common parotid gland tumour in children is**

a) **Mixed tumor (pleomorphic adenoma)**

**267. what is the most common malignant parotid tumour in children:**

a) **Mucoepiptheloild carcinoma**
b) Adenocarcinoma
c) Undifferentiated CA
d) Undifferentiated sarcoma

**268. Child 3 years old fell from the bed vomited twice and has mild headache and no loss of consiousness..you will:**

a) call for neurologist
b) **Send home with close observation**
c) CT scan
d) MRI

**269. 2 years old child with hair loss in the temporal area and boggy swelling " I think was 3 cm !! , multiple pustules … ?**

a) Trichotillomania
b) Aplasia cutis congenital
c) **Kerion**
d) Favus

**270. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that? He said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when he is child Dx?**

a) **Visual hallucination**
b) Auditory hallucination
c) Psychosis

**271. Child on nutritional supplementation came to ER with 2 hours, hx of vomiting, nausea, abd. Pain, diarrhea, vomitus was black in color. Dx:**

a) Hypervitaminosis
b) **Iron overdose**

**272. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx ???**

a) Schizophrenia
b) Schizoaffective
c) Psychosis
d) **There was a fifth choice I do not remember it, I think they make from his father death a cause.**

- **Explanation: It could be transient hallucination under stress, See oxford handbook of psychiatry 3rd edition page 658 .**

**273. Child with high-grade fever for 5 days and sore throat, on examination there was tonsillitis and white patches on the gingiva. No LN enlargement, ASO is negative. The most likely causative organism is:**

a) **Coxsackie virus.**
b) Herpes simplex virus.
c) EBV.

**274. A child presented with Mild gastroenteritis, you will manage him with:**

a) **50 mL/kg of ORS over first 4 hours, then 50 ml with each bowel motion or as a maintenance** .
b) 50 mL/kg of ORS over first 4 hours, then 100 ml with each bowel motion.
c) 100 mL/kg of ORS over first 4 hours, then 50 ml with each bowel motion.
d) 100 mL/kg of ORS over first 4 hours, then 100 ml with each bowel motion.

- **Maintenance fluid is different and it depends on the age of the patient (500 mL/day for children younger than 2 years, 1000 mL/day for children aged 2-10 years, and 2000 mL/day for children older than 10 years) I think they mentioned the age of the child but I can't recall it. Also, in the choices I'm not sure if it says (with each bowel motion or as a maintenance)**

**275. Child presented with diarrhea, fatigue, abdominal pain and jaundice for few days. There was history of drinking contaminated water. The most likely organism is**:

a) **Hepatitis A.**
b) Hepatitis C

**276. Infant come after 5 weeks with difficult breathing and occasionally turns to blue. On examination there was pansystolic murmur, most likely Dx:**

a) **Large VSD**
b) ASD
c) Left ventricle hypoplastic.

**277. A child presented with sore throat and fever. She had history of impetigo and was resolved completely during an appropriate course of antibiotic, ASO titer was positive. The same antibiotic was prescribed to her condition, and the proper duration for such case is**:

a) 5 days.
b) 7 days.
c) **10 days. (Answered by Pediatric ID consultant)**

**278. Child with flu like illness with red non-blanching papules :**

a) ITP
b) **Infectious mononucleosis**

**279. A mother came to your clinic and she worries about her overweight child. Your advice is that the best way helps in losing weight is to:**

a) **Decrease calorie intake**.
b) Increase water intake.
c) Eat a lot of vegetables

**280. 3 months Child with low-grade fever, wheezing. CXR shows hyperinflation and some infiltrate what's the diagnosis?**

a) **CROUP**
b) Epiglottitis
c) Bronchial asthma

**281. child with low grade fever , sore throat in examination there is lymph node enlargement but not tender and no exudate on pharynx DX**

a) It is most likely streptococcal than viral
b) **It is viral more than bacterial**
c) Most likely EBV

**282. Pediatric patient from developing country presented with muscle wasting, weight loss and absent edema. What is the diagnosis:**

a) **Marasmus**
b) Kwashiorkor
c) Muscle wasting syndrome

| Marasmus | kwashiorkor |
|---|---|
| present of muscle wasting<br>Body weight less than 80%of average weight.<br>absence of edema<br>increase prior to age 1 | presence of edema<br>increase in >18month<br>muscle wasting syndrome:<br>Loss of weight.<br>Muscle atrophy.<br>In older pt with chronic disease. |

**283. Infant with high grade fever, Irritable, Look sick.. Complain of anuria 4 hour with multiple petechiea and purpura on body. He was tachycardic and hypotensive DX**

a) Renal failure
b) **Septic shock**

**284. 5 years old baby presented with his parents with pallor his HB is 9, he has microcytic hypochromic anemia, no other complain. What you will do for him?**

a) **iron therapy and close observation**
b) Daily multivitamins with iron

**285. 3 months old baby brought by his parents complaining of abdominal distention bilious vomiting, constipation, the parents informed that the constipation has been an issue since his birth, what is the single diagnostic investigation to do ?**

a) **Barium enema**
b) Plain x-ray
c) Rectal examination

**286. Child with inferior and pain but with normal movement of knee, no effusion on knee what the important thing to do?**

a) Blood culture
b) ESR
c) **ASO titer**
d) Aspirate from knee joint
e) Plain film on thigh

**287. Perthes disease all except**

a) Can be presented with painless limp
b) **It always unilateral**

- **Legg-Calve-Perthes disease (LCPD) is avascular necrosis of the proximal femoral head resulting from compromise of the tenuous blood supply to this area. LCPD usually occurs in children aged 4-10 years. The disease has an insidious onset and may occur after an injury to the hip. In the vast majority of instances, the disorder is unilateral. Both hips are involved in less than 10% of cases, and the joints are involved successively, not simultaneously.**

**288. Child complaining of fever, sore throat all examination was normal What is the treatment?**

a) Cefuroxime
b) Ceftriaxone
c) **Give paracetamol and take pharynx swab**

**289. IV fluid (LR) candida be given at age:**

a) 3 months
b) **8 months**
c) 12 months
d) 24 months

**290. A baby with blood in the stool and bought of crying and x ray shows obstructive pattern.. looks like intussusception you will do:**

a) Surgery
b) **Barium enema**
c) Observation
d) Give IV fluids and let obstruction solve itself

**291. The most common cause of epistaxis in children is:**

a) Nasal polyps
b) **Self-induced**

**292. Newborn Apgar score 3 (cyanotic, limp, decrease breathing, HR less than 60) your action:**

a) Volume expansion
b) Chest expansion
c) **Ventilation**
d) Bicarbonate
e) Warm & dry

**293. One of the following manifests as croup:**

a) **Foreign body**
b) Pneumonia
c) Common cold
d) Asthma

**294. Malaria in a child:**
a) Crescent shape gametocyte of vivex is diagnostic in the stool
b) The immediate treatment primquine for 3 days
c) 72h treatment of malaria is suffeceint
d) **The most common cause is falciparum**

**295. Scaly purple lesions in the face of a child the cause**
a) Staphylococcus aurous
b) **Beta hemolytic streptococcus**
c) H. influenza

**296. Regarding group A streptococcus. Infection have lead to rheumatic fever :**
a) Blood dissemination
b) **By causing pharyngitis, tonsillitis.**
c) Joint invasion.
d) Affect skin.
e) Reach endocardium

**297. Treatment to increase fetal hemoglobin in sickle cell disease :**
a) **Hydroxyurea**

**298. Child with leukemia he has septicemia from the venous line the organism is:**
a) E coli
b) GBS
c) **Pseudomonas**

**299. 6 years old child presents with straddling gait and in ability to stand or walk without support, he is irritable with vomiting 3 times; he has a history of chickenpox 3 weeks ago. O/E all are normal except resistance when trying to flex the neck, what is the most likely diagnosis:**
a) Fradrich's ataxia
b) **Acute cerebellar ataxia**
c) Meningioecephalitis
d) Gillian Barre syndrome

**300. Child with garlic smell:**
a) Alcohol toxicity
b) **Organophosphate toxicity**
c) Caynide toxicity

**301. Newborn presented with conjunctivitis and O.M , what's the treatment?**

- **I guess this is a case of infection with chlamydia intrauterine , they asked about several AB there is no doxycycline nor erythromycin**

**302. Newborn has vomiting after every meal intake. The examination was normal and the only abnormality was dehydration. No other clinical signs. No tests ordered yet. What will you do?**
a) Order abdominal CT
b) Reassure the parents
c) Refer to GS
d) **Discharge on ORS**

**303. 3 months baby with history of bronchiolitis, what is the cause?**
a) RSV

**304. Child with SOB and runny nose came with fever (38 ) all the sign of respiratory distress there .. There is diffuse wheezing on the chest with prolonged expiration and inspiratory cracles ,, diagnosis:**
a) Viral pneumonia
b) Bronchiolitis
c) Croup
d) Bacterial pneumonia

**305. 5 year old child had abdominal blunt trauma, doctor confirm presence of internal hematoma in 1st and 2nd part of duodenum, high amylase mx?**
a) CT-guided hematoma drainage
b) Duodenal resection
c) Exploratory laparoscopy
d) Don't remember. I think conservative

**306. 5 months old baby , in ER with sudden abdominal pain , pain last 2-3 min with intervals of 10-15 mins between each attack**
a) Intussesption
b) Infantile colic
c) Appendicitis

**307. Child with small macules mainly in the chest plus knee and elbow arthritis, Diagnosis?**
a) Juvenile RA
b) Infectious arthritis

**308. Child presented with jaundice, vomiting, hepatomegaly.. etc. What hepatitis virus is more likely to be the cause:**
a) A
b) B
c) C

**309. Child with iron toxicity, best way of management:**
a) Gastric lavage
b) Ipecac syrup
c) Magnesium citra

- **Forgot the rest of choices, but there was no deferroxamine or charcoal**

**310. What vitamin you will give to prevent hemorrhagic disease of newborn?**
a) Vitamin k

**311. Rash description: Dew drops on rose petal?**
a) Measles
b) Rubella
c) Urticaria
d) Chicken pox
e) Psoriasis

**312. 1 month child with vomiting, abdominal distension, and constipation since birth, next step in diagnosis:**

a) Digital rectal examination
b) **US**

**313. Child with non-bilious vomiting and abdominal distension. On exam. Small mass in epigastric area. X-ray shows double bubble:**

a) **Pyloric stenosis**

**314. In child sleep with milk bottle in his mouth, the most common complication is;**

a) Dental cries
b) **Aspiration pneumonia**

**315. clavicle fracture in infant:**

a) **Usually heal without complication**
b) Usually associated with nerve injury
c) Need figure of 8

**316. Child with mumps. Common complication for this age**

a) **Meningitis**

**317. He can sit without assistant, Stand after catching the furniture, say “dada” and uses pincer grasp, what’s his old?**

a) 6 month
b) 8 month
c) **12 month**
d) 18 month

**318. 2 month old treated with topical erythromycin after conjunctivitis for 7 days, now complaining of creamy whitish plaque in the tongue, what is the treatment?**

a) Oral nystatin
b) **Topical Acyclovir**
c) Topical Steroid
d) Oral Antibiotics
e) Oral Steriod

- **I think if it is candida the answer Oral nystatin but am not sure again!!**

**319. 7 month old, low grade fever, dry cough, wheezing, hyperinflation with some mild infiltration, what is the diagnosis?**

a) **Bronchiolitis**
b) Asthma
c) Pneumonia

**320. Child brought by the parent with history of 2 days vomiting after assessment it was mild dehydration what you will give?**

a) **ORS alone**
b) ORS + antiemtic
c) ORS+abx

**321. Baby in NICU has a heart rate of 300, good blood pressure level. What should u do:**
a) DC shock
b) IV Amiodarone
c) Digoxin
d) Carotid massage

**322. Newborn with 300 bpm , with normal BP , normal RR , what do you will do for newborn : (atrial flutter)**
a) Cardiac Cardiversion
b) Verapamil
c) Digoxin
d) Diltzam IV

- **If you suspect atrial flutter: Consider digoxin if not already in use because it frequently increases the conduction ratio and decreases the ventricular rate. , Avoid adrenergic and atropine agents during sedation or anesthesia for cardioversion. Ketamine is relatively contraindicated**

**323. Baby with streptococcal pharyngitis :-**
a) Treatment after 9 days carries no risk of GN
b) Treatment effective in prevention of GN
c) Clindamycin effective against gram –ve organisms
d) All choices are wrong

**324. child with hyperemia and plugging of tympanic membrane had previous history of treated impetigo so Treatment is:**
a) Cefuroxime
b) Amoxicillin
c) Erythromycin
d) Ceftriaxone
e) Cephalexine

**325. Typical case of bronchiolitis ( respiratory distress and what not ) you should manage by :**
a) Oxygen

**326. A child that is sickler and has had recurrent cholecystitis , and found to have 7 gallstones your management is :**
a) Cholecystectomy
b) Uroshydroxelic

**327. Only killed vaccine :**
a) Hepatitis B

**328. Prophylaxis of contact meningitis :**
a) Rifampicin for 7 days

**329. Mother came with her obese child**
a) Decrease calorie intake

**330. Best management in case of child with iron overdose ingestion is :**
a) Gastric lavage (no defirrox...in choise)

**331. CPR in child**
a) **15 compression and 2 ventilation**

**332. about varicella vaccine in adult , which is true ;**
a) **2 vaccine apart of 1 month**
b) 2vaccine apart of 6 month
c) 2 vaccines apart of 2 month
d) 3 vaccine apart of 6 month

**333. 8 months child with 3 days fever 40 , vomiting , convulsion , poor feeding & sleep , OE dehydrated , depressed anterior fontanel, red ears , no neck stiffness , his 3 year old sibling asymptomatic , which of the following will give the definitive Dx:**
a) CXR
b) CBC with deferential
c) Blood culture
d) **CSF analysis**
e) Supra-pubic urine analysis

**334. At which age child spoke few words**
a) **12m**
b) 24m

**335. Child with low grade fever and congested throat, negative ASO and positive EBV. he has:**
a) **Infectious mononucleosis**
b) URTI

- **Explanation:**
- **The classic criteria for laboratory confirmation of acute infectious mononucleosis include:**
1) Lymphocytosis.
2) Presence of at least 10% atypical lymphocytes on peripheral smear.
3) Positive EBV.

**336. 12 yrs old complain of LL, UL and face edema and other cardiac sym. Dx :**
a) **Wet beriberi**
b) Dry beriberi
c) Vit. A deficiency

- **Explanation:**
- **Dry beriberi = neurological symptoms.**
- **Wet beriberi = cardiac symptoms.**

**337. Child with iron toxicity several hours ago, investigations show iron conc. 700 mg/dl, treated with:**
a) Gastric lavage
b) activated charcoal
c) **I.V deferoxamine**

- **Explanation**
- **Patients with iron toxicity should be treated with IV deferoxime in the following circumstances:**
1) **Severe symptoms: altered mental status, hemodynamic instability, persistent vomiting, diarrhea.**
2) **High anion gap metabolic acidosis.**
3) **Serum iron concentration > 500 mcg/dL.**
4) **Significant number of pills on X-ray.**

**134. Child with fever hypotension oliguria**
a) Septic shock

**135. Child treated by abx develop white patches**
a) Antifungal

**338. Asthmatic child, how to decrease the allergy:**
a) Cover pillow and bed with impermeable material.
b) Throw the rug from house.
c) Wash the clothes and linen in hot water
d) Humidity house with 80 % humidity
e) Cooling clothes

**339. 4 y/o child with diarrhea for 2 days is complaining of anal discomfort. Your advice to the mother is:**
a) Wash with soap and water after each episode of diarrhea.
b) Wash with cotton in warm water.
c) Put a clean napkin in the underwear.
d) Change the underwear to a highly absorbent diaper

**340. Child having vomiting, nystagmus and difficulty in walking the cause is:**
a) Dry beriberi
b) Wet Beriberi
c) Pellagra
d) VIT A DEF

**341. Infant with sickle cell anemia, what's true about prophylaxis?**
a) Infants should take 23-valent vaccine
b) Children above 2 years take only heptavalent vaccine
c) Even if vaccine taken, if there is contact with ill people child should be given prophylactic Antibiotic
d) If not high risk no need for prophylaxis.

**342. 11-year-old patient with sickle cell disease. What is true about pneumococcal vaccine:**
a) Not recommended for healthy people.
b) Not necessary for patients who are < 2 years.
c) Give heptavalent after 2 years.
d) Give 23-valent after 2 years.

- **All SCD patients < 5 years should receive prophylactic antibiotics (penicillin).**
- **Regarding pneumococcal vaccine for SCD patients:**
  - **7-valent (heptavalent) "conjugate" pneumococcal vaccine < 2 years old.**
  - **23-valent "polysaccharide" pneumococcal vaccine > 2 years old.**

**343. Child came with hypertrophic right atrium, what is the congenital anomalies lead to this condition**
a) ASD
b) VSD

**344. Child with atopic dermatitis at night has stridor plus barking cough on and off from time to time, diagnosis is:**
a) BA
b) Croup
c) Spasmodic Croup

**345. A child runs for a long distance then develops pain in the thigh with no redness or tenderness, best thing to do is:**

a) **Elevate the leg and cold compression**
b) Splint
c) Surgery

**346. First sign in increase intracranial pressure:**

a) **Vomiting**
b) Nausea
c) Ipsilateral pupil constrict
d) Contralateral pupil constrict

- **Or altered level of consciousness**

**347. Child with cough, runny nose and fever, O/E: tonsillitis ttt:**

a) **Paracetamol and throat swab**

**348. 6 y/o boy present with fever, stridor and O/E showed epiglottitis. Dx:**

a) **Haemophilus influenza type b**
b) Meningoccocus
c) Staphylococcus
d) Streptococcus

- **Most common cause of epiglottitis is haemophilus influenza type b**

**349. 6 month old came with sign and symptom of respiratory distress " fever, tachypnea, intercostal recession, expiratory wheezing, nasal flare".. best initial management :**

a) **Oxygen**
b) Erythromycin
c) Bronchodilator

**350. Picture of child having ulcer near angle of the mouth, bright red in color, 1.5 cm size**

a) Fungal infection
b) Impetigo
c) Atopic dermatitis
d) **Angular chelitis**

**351. 9 years old female presented to ER after ingestion almost 20 tablets of OCP and 3 tablets of another medication. She is clinically stable and there was no signs and symptoms. What will you do:**

a) Refer her to gynecologist.
b) Refer her to psychiatrist.
c) Toxicology study
d) **No need for intervention.**

- **In OCP overdose there is no need for intervention if the patient is clinically stable.**

**352. Newborn 32 week, cyanosed, grunting, flaring of nostrils, the x-ray show diffuse air bronchogram, his mother is diabetic, what is the diagnosis?**

a) **Insufficient surfactant**
b) Trechoesphgeal fistula

- **Respiratory Distress Syndrome (lack of surfactant)**

**353. Picture, Child with skin lesion at elbow, seen positive wood lamp:**
a) Fungal
b) Bacterial

**354. Child shows spiral fracture of arm management**
a) Refer to orthopedic
b) Open reduction and internal fixation

- **Spiral fractures in children raise the suspicion of abuse. They difficult in casting and may require surgery.**

**355. In paracetamol toxicity:**
a) Pencelinemia
b) N-acetylcysteine
c) K intake
d) Deferoxamine

**356. 18-months old child brought to you for delayed speech, he can only say "baba, mama" what's your first step in evaluating him?**
a) Physical examination
b) Developmental assessment
c) Head CT
d) Hearing test

**357. 2 months infant with severe gastroenteritis, vomiting, diarrhea, increase of the skin turgor, depressed anterior fontanel, pale, dry mucous membrane, crying but no tears, what is your management?**
a) Aggressive oral rehydration therapy
b) IV saline
c) O.R.S solution given to mother to rehydrate the infant

- **Severe dehydration.**

**358. A child start with waddling gait, what is appropriate investigation:**

- **Waddling gait at start is normal up to approximately 3 years.**

**359. Boy with multiple attacks of febrile convulsion what to give him to take at home:**
a) Diazepam [rectal gel]
b) Phenobarb

**360. 3 year old boy with acute UTI, first thing to do in such acute thing ;**
a) Indwelling foley cather drain
b) Voiding cystourethrogram
c) Cystoscopy

- **Indication of cystourethrography**
- **All males with recurrent UTIs (urinary tract infections) or abnormality on ultrasound if first UTI.**
- **Females < 3 years of age with their first UTI**
- **Females < 5 years of age with febrile UTIs**
- **Older females with pyelonephritis or recurrent UTIs**
- **Suspected obstruction (e.g. bilateral hydronephrosis)**
- **Suspected bladder trauma or rupture**
- **Stress incontinence (urine)**

**361. Child pt with sore throat, ear pain, fever, with nodule, what is organism cause this manifestations:**

a) **Streptococcus**

**362. 10 year-old boy with ….to tell that spinal cord length will stop after:**

- **In children up to L2-L3, In adults up to L1**

**363. A pediatric patient brought by her parents complaining of vaginal discharge, what is the cause:**

a) **Foreign body**
b) Gonorrhea
c) Trachomatis

- **Explanation: Most common cause of vaginal discharge in pediatric patients is FB**

**364. A Child patient drank something poisonous [Organophosphate] with nausea, vomiting, diarrhea, hypersalivation, constricted pupil, management:**

a) **I.V Atropine administration**
b) I.V Pralidoxime administration
c) Immediate gastric salvage

**365. Which of the following is true regarding German measles (Rubella)**

a) Incubation period 3-5 days.
b) **It starts with high grade fever in adult only (probably correct check other answers first**

- **The incubation period for postnatal rubella is 14 to 23 days. The characteristic signs of rubella are retroauricular, posterior cervical, and posterior occipital lymphadenopathy accompanied by an erythematous, maculopapular, discrete rash. The rash begins on the face and spreads to the body and lasts for 3 days. Rose-colored spots on the soft palate, known as Forchheimer spots, develop in 20% of patients and may appear before the rash.**

**366. A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:**

a) **Give Augmentin.**
b) Suture the wound.
c) Give tetanus shot
d) Send home with close observation and return in 48 hours.

- **Since the booster dose has been taken then it is not required to take the tetanus vaccine, however, if the vaccine hasn't been taken or 5 years have passed since vaccination a booster dose is indicated.**

**367. What is true about marasmus disease:**

a) In contrast to kwashoirkor, it affect the low socioeconomic status
b) It is due to late weaning
c) **It leads to growth retardation & wt loss**

**368. Which condition least common associated with endocarditis**

a) VSD
b) **ASD**
c) PDA
d) TOF

**369. 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:**

a) 5 months
b) 6 years
c) **15 years**

**Duration of Secondary Prophylaxis for Rheumatic Fever**

| *Type* | *Duration after last attack* | *Evidence rating** |
|---|---|---|
| Rheumatic fever with carditis and residual heart disease (persistent valvular disease†) | 10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed | 1C |
| Rheumatic fever with carditis but no residual heart disease (no valvular disease†) | 10 years or until age 21 years (whichever is longer) | 1C |
| Rheumatic fever without carditis | 5 years or until age 21 years (whichever is longer) | 1C |

**370. After doing CPR on child and the showing asystole:**

a) Atropine
b) **Adrenaline**
c) Lidocaine

**371. A mother brought her child with sore throat and barking like cough. His temp. was 38. He was irritable, with signs of respiratory distress. The diagnosis is:**

a) Epiglottitis
b) **Croup**
c) pneumonia

**372. A very very long case about baby 3 months old with 2 days hx of URTI came to you with respiratory distress and agitated lethargic bilateral ronchi Ix done and he treated with rabivirin what do you expect the causative organism was:**

a) **RSV**
b) Strept pneumonia
c) H. influenza type B

**373. 6 year old with HepAV+ Mother is also positive what vaccination should be given?**

- **Post-exposure prophylaxis should be considered in individuals who have been exposed to HAV and have not previously received HAV vaccine. Such patients should receive a single antigen vaccine or IG (0.02 mL/kg) as soon as possible.**

**374. Child comes with meningococcal infection, swap obtained and the patient was discharged you read the culture to find out that it is group A meningitis you call his home to find out that the child is asymptomatic best step to is:-**

a) No action needed.
b) **Call the patient.**

**375. 2 year old child got fever for 2 days then in the 2nd day he became drowsy with vomiting and diarrhea and appearance of Petechial skin rash which spread rapidly all over the body**

a) Measles
b) rocky mountain fever
c) HSP
d) kawasaki

- **Initial symptoms:**
  1) **Fever**
  2) **Nausea**
  3) **Emesis (vomiting)**
  4) **Lack of appetite**
- **Late symptoms**
  1) **abdominal pain**
  2) **Rash**
- **The most characteristic feature of RMSF is a rash that develops on days 2 to 4 of illness after the onset of fever, and it is often quite subtle. Younger patients usually develop the rash earlier than older patients. Most often the rash begins as small, flat, pink, non-itchy spots (macules) on the wrists, forearms, and ankles. These spots turn pale when pressure is applied and eventually become raised on the skin. The characteristic red, spotted (PETECHEAL) rash of Rocky Mountain Spotted Fever is usually not seen until the sixth day or later after onset of the symptom**

**376. Child with lymphadenopathy splenomegaly one of the following would most likely confirm the diagnosis,**

a) EBV SEROLOGY
b) CBC

**377. A child, his family brought him because he is limping and not walking steadily. the baby milestone was normal according to his age. He had a mild lordotic back Trendelenburg gait Gower sign +ve what is the best Inx to reach the diagnosis**

a) ESR
b) hip Xray or CT
c) m. biopsy

**378. 8 years boy BMI = 30 weight and height above 95 percentile , next step :**

a) Refer to surgeon
b) Life style modification

**379. Before an operation to a child we found him having continues murmur in his right sternal area what is the next step of management?**

a) Postpone and reevaluate the patient again

**380. Child came with liver failure; he is not complaining of anything except of yellow discoloration of skin and now become greenish, This due to:**

a) Bilirubin oxidation

**381. 15 years old boy with dark urine, dark brown stool, positive occult test, what to do?**

a) Isotope scan
b) Abdomen ultrasound
c) X-Ray
d) Barium

**382. A 6 years old female from Jizan with hematuria, all the following investigations are needed EXCEPT:**
a) HbS.
b) **Cystoscopy.**
c) Hb electrophoresis.
d) Urine analysis.
e) U/S of the abdomen to see any changes in the glomeruli.

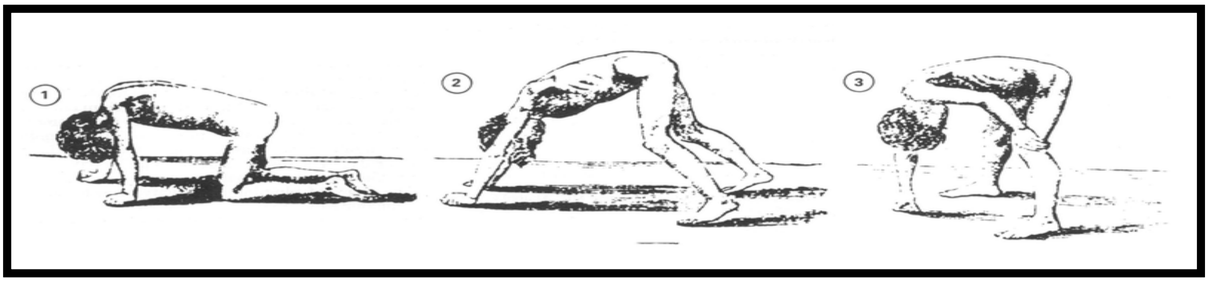
- **Cystoscopy is not generally required in children with non-glomerular hematuria. The only indication is a suspicious bladder mass revealed on ultrasonography**

**383. Case scenario of child with hx of head trauma who developed hemiparesis, dizziness, loss of proprioception. Most likely diagnosis:**
a) **Lobar cerebral hemorrhage**

**384. Child with meningitis symptoms and no nuchal rigidity, what's the next diagnostic investigation?**
a) **CSF**

**385. Child with positive Gower sign which is most diagnostic test :**
a) **Muscle biopsy**

- **Gowers' sign indicates weakness of the proximal muscle of the lower limb. seen in Duchenne muscular dystrophy & myotonic dystrophy "hereditary diseases"**




**386. Child with back pain that wake patient from sleep , So diagnosis (incomplete Q)**
a) **lumber kyphosis**
b) Osteoarthritis
c) Juvenile Rheumatoid Arthritis
d) Scoliosis

- **JRA or Juvenile Idiopathic Arthritis (JIA) is the most common form of persistent arthritis in children. JIA may be transient and self-limited or chronic. It differs significantly from arthritis seen in adults. The disease commonly occurs in children from the ages of 7 to 12**

**387. 5 years child diagnosed as UTI, what is the best investigation to exclude UTI complication?**
a) **Kidney US**
b) CT
c) MCUG
d) IVU

**388. 13 years old child with typical history of nephritic syndrome (present with an urea, cola color urine, edema, HTN), what is the next step to diagnose?**
a) Renal function test
b) **Urine sediments microscope**
c) US
d) Renal biopsy

389. 12 years old female brought by her mother to ER after ingestion of unknown number of Paracetamol tablets. Clinically she is stable. Blood paracetamol level suggests toxicity. The most appropriate treatment

a) N-acetylcestine

- IV infusion: 150mg/kg in 200ml D5% over 15mins then 50mg/kg in 500ml D5% over 4hrs then finally 200mg/kg in 1L D5% over 16 hours

390. Child with scrotal swelling, no fever, with a blue dot in the superior posterior aspect of the scrotum

a) Testicular appendix torsion

- Patients with torsion of the appendix testis and appendix epididymis present with acute scrotal pain, but there are usually no other physical symptoms, and the cremasteric reflex can still be elicited. The classic finding at physical examination is a small firm nodule that is palpable on the superior aspect of the testis and exhibits bluish discoloration through the overlying skin; this is called the "blue dot" sign.
- Approximately 91%–95% of twisted testicular appendices involve the appendix testis and occur most often in boys 7–14 years old

391. Child with painless hematuria what initial investigation?

a) Repeat urine analysis
b) Renal biopsy
c) Culture

392. Child swallowing battery in the esophagus management:

a) Bronchoscope
b) Insert Foley catheter
c) Observation 12hrs
d) Remove by endoscope

393. child has tracheoesophageal fistula, all can be used in management, except

a) Insertion of chest tube
b) Insertion of NGT
c) Pulmonary toilet
d) Gastrostomy

394. Child with imperforated anus the most useful diagnostic procedure is:

a) Plain abdomen X-ray of with child inverted position
b) Plain X-ray abdomen

395. A child had been bite presented after 18 hour with left arm erythema and itching, what to do?

a) Antihistaminic
b) Oral steroid
c) Subcutaneous epinephrine

396. A baby fell down from stairs and came with multiple contusions some were old and X-ray showed fracture in radius how to manage:

a) Splinter for his hand
b) Hospitalization and call social worker

- Explanation: Because we are suspecting child abuse.

**397. Before 14 d the child was bite, now develop lip swelling & erythema, what type of hypersensitivity?**
a) Type 1
b) Type 2
c) Type 3
d) Type 4

| Type | Name | Mechanism | Disease examples |
|---|---|---|---|
| Type I | Immediate hypersensitivity | IgE-mediated degranulation of mast cells following antigen binding and cross-linking of IgE | Allergic asthma, allergic rhinitis, anaphylaxis |
| Type II | Antibody-mediated hypersensitivity | IgM/IgG antibody:antigen interactions on target cell surfaces | Drug-induced thrombocytopenia, myasthenia gravis, Graves disease, haemolytic anaemia of newborn |
| Type III | Immune complex-mediated hypersensitivity | Immune complex formation and deposition in tissues leading to local or systemic inflammatory reactions | Rheumatoid arthritis, SLE, Goodpasture's syndrome, Arthus reaction, serum sickness |
| Type IV | Delayed-type hypersensitivity | Sensitized $T_H1$ cells activated to release cytokines upon binding to antigen, resulting in macrophage and cytotoxic T cell accumulation | Contact dermatitis, chronic transplant rejection |

**398. The preventable nutritional disease in child is:-**
a) muscle wasting
b) Kawshoirkor
c) Pica

**399. child developed macules progressed to pustular lesions differential diagnosis:**
a) Varicalla
b) Herpes

**400. Weird scenario about child brought by the parents complains of teeth bleeding after brushing + gingival bleed + vesicles or papule ... what's the cause?**
a) Candida
b) Herpes
c) Coxacke

**401. Child asthmatic and whenever exposed to dust mites, he is having an asthmatic attack. What will advise his family regarding mites in home?**
a) Change the home humidity to 80-85 %
b) wash his clothes and sheets with warm water
c) Cover his pillow with nylon

**402. Child came with bilateral swellings in front of both ears. What is the common that could possibly happen for one within his age?**
a) Orchitis
b) Meningitis
c) Encephalitis
d) Epididymitis

**403. 5 year old female child with history of pharyngitis for 4 days and persistent odorless vaginal discharge. Likely etiology:**
a) Streptococcus
b) Chlamydia
c) Neisseria Gonorrhea
d) Foreign body

**404. In rheumatic fever:**
a) Bacteria in blood
b) **Bacteria lodge in myometrium-not sure but most likely this one right-**
c) Skin invasion

**405. 6 month baby with mild viral diarrhoea, ttt by ORS as:**
a) 100ml/kg for 4 hour then 50 ml/kg /day after
b) 50 ml/kg for 4 hour then 50 ml/kg /day after
c) 100 ml/kg for 4 hour then 100 ml/kg /day after
d) 50 ml/kg for 4 hour then 100 ml/kg /day after

- **Deficit Therapy:**
- **Mild dehydration = 50cc/kg in 4 hrs**
- **Moderate dehydration = 100cc/kg in 4 hrs**
- **severe dehydration = IV fluid**
- **Maintenance Therapy:**
- **Mild & moderate dehydration = 100 mL/kg/day.**
- **Severe dehydration = 10-15 mL/kg/hour.**

**406. The class of antibody responsible for hemolytic disease of the newborn is:**
a) IgA
b) **IgG**
c) IgM
d) IgE
e) IgD

**407. A child with hemangioma on the eyelid, in order to prevent amblyopia, operation must be done within:**
a) **1 week.**
b) 1 month.

**408. A child with polyuria, polydipsia & poor weight gain, random blood sugar >200 mg/dl, fasting blood sugar >147 mg/dl, this disease is mostly associated with (NB numbers written aren't accurate):**
a) **HLA-DR4.**
b) HLA-DR5.
c) HLA-DR6.
d) HLA-DR7.

- **See the 1st aid of the USMLE step 2 CK 7th edition p.114.**

**409. A young baby brought by his family with an intense rash over his groin region (I forgot the exact description of the rash), the family tried a large number of medications such as topical steroids, ?benzoyl something, magnesium something…. With no improvement, what will you give (the scenario mostly fits with fungal infection):**
a) **Topical antifungal.**
b) Topical steroids.

- **See the 1st aid of the USMLE step 2 CK 7th edition p.96 (diaper rash).**

**410. A young child complains of a pain behind the Lt ear with tenderness, past Hx of AOM for which he received Abx but didn't complete the ttt, on examination: tender, redness over the mastoid, otoscope shows congested TM & loss of cone light reflex, Dx:**
a) AOM.
b) Serious OM.
c) **Acute mastoiditis.**

**411. infant of 28 of gestation 900 g go to NICU after resuscitation ABG increase of Pa CO2 with normal PH next step:**
a) Give iv acyclovir
b) **Give iv bicarb**
c) give iv glucose

- **this case is compensated res. acidosis < high pco2 with normal ph >**

**412. child came with fever , and heterochromia on examination there is enlarged abdomen , neck swelling , ptosis:**
a) **hodgkin lymphoma**
b) Neuroblastoma
c) Rabdomyosarcoma
d) wilm's tumor

**413. Child UTI with foul smelling urine what is the organism:**
a) Proteus mirabilis
b) **E.coli**
c) klebsiella pneumoniae
d) Streptococuss pneumonia

**414. Holding breath attack:**
a) Precipitate factor for generalize convulsion
b) Associated with increased incidence of epilepsy in late life
c) Common in children bet 5 and 10 years old

**415. child of 7 years came with SOB, cough, he had history of different previous allergies, on examination he had wheezy chest, what is the most appropriate initial management:**
a) Theophyllin
b) Monteleukast
c) **Nebulized albuterol**
d) Inhaled corticosteroid

**416. 2 Years old Sickle cell patient brought by his adopting parents, he was on antibiotics due to UTI (before adoption) and completed the coarse, urine culture is normal.. vital signs T:37.7 What to do?**
a) give prophylactic antibiotic
b) Do nothing

**417. Child with eczema on hydrocortisone, wt other medication u can add?**
a) **Tacrolimus**

CHAPTER

# Ear, Nose and throat

5

1. **56 years old present with vasomotor rhinitis**
   a) **Local anti-histamine**
   b) Local decongestion
   c) Local steroid
   d) Systemic antibiotic.

- **Antihistamines and oral decongestants.**

2. **9 years old patient come with ear pain, red tense tympanic membrane, and negative Rhine's test with positive Weber test with lateralization (conductive loss) for TOW days only?**
   a) **Otitis media**
   b) Otosclerosis
   c) cholesteatoma

3. **The same case above BUT he said conductive hearing loss directly without those tests**
   a) **Otitis media**

4. **A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?**
   a) Amoxicillin
   b) Penicillin
   c) Cepahlosporin (ceprofloxacin)
   d) **Amoxicillin and Clavulonic acid**
   e) Erythromycin and sulfamethoxazol

5. **best treatment for otitis media**
   a) **Amoxcillin**

6. **Patient presented with ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis**
   a) **Acute otitis media.**
   b) Tympanic cellulites.
   c) Mastoditis.

- **Otitis media:** Caused by infection with Strep. Pneumonia, H. influenza. It follows URTI, this leads to swelling of the Eustachian tube, thus compromising the pressure equalization.
- **Types**: AOM: Viral & self-limiting. Bacterial leading to puss Bacterial infection must be treated with ABx (augmentin) if not it can lead to: Perforation of the drum, Mastoiditis, Meningitis, OM with effusion (secretory OM or Glue ear): Collection of fluid in the middle ear, leading to –ve pressure in the Eustachian tube. Can lead to conductive hearing impairment. Treatment: Myringotomy (ventilation tube or Grommet tube). CSOM: Perforation in the ear drums with active bacterial infection. Otorrhae is +ve.

7. **Nasal decongestant (Vasoconstrictive) can cause:**
   a) Rhinitis sicca
   b) **Rebound phenomena**
   c) Nasal septal perforation
   d) Vasomotor rhinitis

- **Rhinitis medicamentosa is a condition of rebound nasal congestion**

**8. Most common cause of otorrhea:**
a) acute otitis media
b) cholesteatoma
c) leakage of cerumen
d) Eustachian tube dysfunction

**9. Patient with difficulty getting air. Nasal exam showed unilateral swelling inside the nose. What is the initial treatment for this pt:**
a) Decongestant
b) Sympathomimetic
c) Corticosteroid

**10. Patient with ear pain and discharge, on examination he feels pain with moving ear pinna, normal tympanic membrane erythematous auditory canal. diagnosis**
a) otitis media
b) otitis externa

**11. Patient with recurrent congested nose and conjunctivitis what would you give him.?**
a) Antihistamine and oral decongestant

**12. One of the steps in managing epistaxis:**
a) Packing the nose
b) Press the fleshy parts of nostrils
c) Put patient of lateral lying position

**13. Young patient with congested nose, sinus pressure, tenderness and green nasal discharge, has been treated three times with broad spectrum antibiotics previously, what is your action:**
a) Give antibiotic
b) Nasal corticosteroid
c) Give anti-histamine
d) Decongestant

**14. Old man with cognitive deficit what we will screen?**
a) IQ test
b) Involuntary movement test
c) MEMORY score test
d) Hearing test

**15. Young man came with nasal bleeding from posterior septum not known to have any medical disease or bleeding disorder MANGEMENT is.**
a) Tampon in posterior septum
b) Screen for blood and coagulation
c) Inject septum by vasoconstrictor
d) spray anaesthetic or vasoconstrictor

**16. What is the best diagnostic test for maxillary sinusitis:**
a) CT scan
b) X ray
c) Torch examination
d) MRI
e) US

**17. Which of the following is an indication for tonsillectomy?**
a) Sleep apnea
b) Asymptomatic large tonsils
c) Peripharygeal abscess
d) Retropharyngeal abscess

**18. Epistaxis treatment:**
a) site upright forward w mouth open and firm press on nasal alar for 5 min

**19. A 45 years old lady was complaining of dizziness, sensory neural hearing loss on her left ear (8th nerve palsy), tingling sensation & numbness on her face, loss of corneal reflex. MRI showed a dilated internal ear canal (other Q C.T scan shows intracranial mass). The diagnosis is:**
a) Acoustic neuroma
b) Glue ear
c) Drug toxicity
d) Herpes zoster
e) Cholesteatoma

**20. A child presented with earache. On examination there was a piece of glass deep in the ear canal. The mother gave a history of a broken glass in the kitchen but she thought she cleaned that completely. The best management is:**
a) Refer to ENT
b) Remove by irrigation of a steam of solution into the ear
c) Remove by forceps (don't irrigate )
d) Remove by suction catheter
e) Instill acetone into the external auditory canal

- **Consult an ENT specialist if the object cannot be removed or if tympanic membrane perforation is suspected.**

**21. A 15 years old boy present with 5 days history of pain behind his left ear and 3 days history of swelling over the mastoid. He had history of acute otitis media treated by amoxicillin but wasn't a complete course (or in other Qs he didn't took the medication). On examination he has tenderness over the mastoid bone with swelling, tympanic membrane shows absent cone reflex and mild congestion. what is the diagnosis:**
a) acute otitis media
b) serious otitis media
c) Acute mastoiditis
d) glue ear

**22. Most common cause of hearing loss in children:**
a) Chronic serous otitis media
b) Eustachian tube dysfunction
c) Ototoxic drugs

- **presbycusis the most sensorineural hearing loss in adult and otosclerosis commonest cause of conductive hearing loss**

**23. Child with ear pain with positive pump test for tympanic membrane, treatment is:**
a) Maryngiotomy
b) Amoxicillin/Potassium

**24. Treatment of cholesteatoma is**



a) Antibiotic
b) Steroid
c) surgery
d) Grommet tube

**25. child with unilateral nasal obstruct with bad odor (Fetid i.e: offensive odor)**
a) unilateral adenoid hypertrophy
b) FB

**26. Child came with inflammation and infection of the ear the most complication is:**
a) Labrynthitis
b) Meningitis
c) Encephalitis
d) Mastoiditis

- **N.B: If they are implying an Otitis media, then Mastoiditis is more likely to occur than Meningitis.**

**27. most common site of malignancy in paranasal sinuses :**
a) 90% Maxillary and ethmoid sinus

**28. 2 years old child with ear pain & bulging tympanic membrane, what is the diagnosis?**
a) Otitis media
b) Otitis externa
c) Otomycosis
d) Bullous myringitis

**29. First step in management of epistaxis:**
a) Pinching the fleshy part of the nose
b) Adrenaline
c) Nasal packs
d) Not interfering

**30. The most common cause of cough in adults is**
a) Asthma
b) Gerd
c) Postnasal drip

**31. A 5 year old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do?**
a) Myringotomy
b) Grommet tube insertion
c) Mastidectomy
d) Tonsillectomy

- **N.B:**
  - **Myringotomy (is used for bulging acute otitis media)**
  - **Grommet tube insertion (is used for recurrent acute otitis media)**

**32. Boy 3 day after flu symptom develop conjunctivitis with occipital and nick L.N enlarged so diagnosis is**

a) **adenoviruses**
b) streptococcus
c) HSV

**33. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnoses is**

a) **mycomyosis**
b) aspirglosis
c) foreign body

- **Mycomyosis (fungal infection caused by Mycorales, affect nasal sinus & lungs, characterized by black nasal discharge, diagnosis by biopsy).**

**34. Glue ear (secretory otitis media, otitis media w effusion, or serious otitis media )**

a) **Managed by grommet tube**
b) Lead to sensorineural hearing loss
c) Pus in middle ear
d) Invariably due to adenoid

**35. MOST Prominent symptom of Acute otitis media**

a) **Pain**
b) Hearing loss
c) Discharge
d) tinnitus

**36. All are true about hoarseness in adult , EXCEPT :**

a) due to incomplete opposition of the vocal cord
b) if > 3 weeks : need laryngoscopy
c) if due to overuse, advise to whisper a few weeks
d) commonly seen in bronchus Ca
e) **Feature of myxedema**

**37. Regarding tinnitus all true except:**

a) **A symptom that is not experienced by children.**
b) Present in anemia ( iron deficiency anemia, B12 def)
c) As salicylate complication that improves with drug withdrawal
d) If associated with deafness it improves if hearing loss improves.

**38. A lady with epistaxis after quttary of the nose, all true except:-**

a) Don't snuff for 1-2 days
b) Use of nasal packing if bleeds again
c) **Use of aspirin for pain**

- **Common causes of epistaxis**: Chronic sinusitis, nose picking, Foreign bodies, Intranasal neoplasm or polyps, Irritants (e.g cigarette smoke), Medications (e.g topical corticosteroids, aspirin, anticoagulants, NSAID), Rhinitis, Septal deviation, Septal perforation, Trauma, Vascular malformation or telangiectasia, Hemophilia, Hypertension, Leukemia, Liver disease, Platelet dysfunction and Thrombocytopeni
- **Initial management** includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topicaldecongestant. Direct pressure should be applied continuously for at least five minutes and for up to 20 minutes. Tilting the head forward prevents blood from pooling in the posterior pharynx

**39. What is the commonest cause of otorrhea?**

a) Otitis externa
b) CSF otorrhea
c) Liquefied eczema
d) Eustachian tube dysfunction

**40. Regarding aphthous ulceration in the mouth all are true except:**

a) There is no treatment for acut ulcer
b) Tetracyclin suspension helps in healing
c) There is immunological role in its role in its development
d) Mostly idiopathic in orgin

**41. Patient had hoarseness of voice for 3 weeks, what is the next to do?**

a) Throat swab
b) Laryngoscopy

**42. Patient is complaining of right side pharynx tenderness on examination patient had inflamed right tonsil and redness around tonsil with normal left tonsil. The diagnosis is:**

a) Parenchymal tonsillitis
b) Quinse parapharyngeal abscess
c) Peritonsillar abscess "hot potato voice"

**43. Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:**

a) Antibiotics drops gentamicin or cipro avoid aminoglyco
b) Systemic antibiotics--only if cervical lymphadenopathy or cellulitis
c) Steroid drops--only if chronic
d) Antibiotics and steroid drops "The best if both drops"

- **Topical aural medications typically include a mild acid, a corticosteroid (to decrease inflammation), an antibacterial agent, and/or an antifungal agent**

**44. Child came with inflammation and infection of the ear the most complication is:**

a) Labrynthitis can be but not the most common
b) Meningitis most common intracranial complication but for extracranial is posturicular abscess
c) Encephalitis

**45. Anosmia (unable to smell)**

a) Frontal
b) Occipital
c) Temporal
d) Parietal

**46. Patient suffer sensorineural loss ,vertigo, dizziness 3 years ago and now developed numeness and weakness of facial muscles dx:**

a) Menier disease
b) Acoustic neuroma
c) Acute labrinthitis

- **Meniere Disease: Fluctuating hearing loss, sudden onset Vertigo, Roaring tinnitus and nausea/vomiting.**

**47. Patient with seasonal nasal discharge , watery , what is the first management:**
a) Decongestant
b) **Antihistamine**
c) steroid

**48. Patient presented with nausea and vomiting and nystagmus with tinnitus and inability to walk unless he concentrates well on a target object. His Cerebellar function is intact:**
a) **Benign positional vertigo**
b) meniere's disease (vertigo, tinnitus, hear loss, aural fullness)
c) vestibular neuritis(nausea ,vomiting, inability to stand, vertigo)

**49. 5 years old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA. What you will do to him:**
a) **Give prophylactic penicillin**

**50. Right ear pain with plugging of tympanic membrane**
a) **Secretary otits media**

- **AOM presents with rapid onset of pain, fever & sometimes irritability, anorexia, or vomiting**
- **In AOM drum bulging causes pain then purulent discharge if it perforates**

**51. Ranula:**
a) Forked uvula
b) Thyroglossal cyst
c) **Swelling at the floor of mouth**

**52. Fetal unilateral nasal discharge is feature of:**
a) Adenoid
b) Choanal atresia
c) **Foreign body**
d) RT atrophy

**53. the most common cause of epistaxis in children is:**
a) polyps
b) **Trauma (i.e. nose picking)**
c) dry air
d) thrombocytopenia

- **Epistaxis is more prevalent in dry climates and during cold weather.**

**54. Swallowed foreign body will be found in all of the following except:**
a) Stomach
b) **Tonsil**
c) Pharyngeal pouch
d) Piriform fossa

**55. All are normal in association with teething EXCEPT:**
a) Rhinorrhea
b) **Diarrhea**
c) Fever > 39 C
d) Irritability

**56. Adenoids:**

a) Can be a chronic source of infection.
b) Causes snoring.
c) Located at the back of the nasopharynx 1 inch above the uvula.
d) Involved in the immune system reaction.
e) **All of the above.**

**57. All features of tonsillar abscess except :**

a) **Deviation of uvula to affected side**

**58. Case scenario ,child present with rhinorrhea & sore throat for 5 days present with middle ear perfusion, examination of the ear : no redness in the ear the cause of perfusion :**

a) otitis media because no pain
b) **Upper respiratory infection.**

**59. Patient smoker and alcoholic come with difficulty in swallowing and neck mass, Investigation?**

a) **Indirect laryngoscope**
b) Neck CT
c) Head CT
d) Biopsy
e) Aspiration

**60. child fall from stairs came with mild injury to the nose, no bleeding and edema in the nasal sputum , treatment:**

a) Nasal packing
b) Reassure
c) Analgesia
d) **Refer to ENT (he will give analgesia)**

**61. 16 years old female become deaf suddenly. Her mother become deaf when she was 30, diagnosis:**

a) **Otosclerosis**
b) acostic neuroma
c) tympanic perforation

- **It is an autosomal dominant, conductive HL, stapesi footplate**

**62. Regarding barret esophagitis which correct?**

a) **Risk of adenocarcenoma**
b) risk of Squamous cell CA ( if said in Qs w\o history of GERD it'll the correct answer)

**63. 35 year old smoker, on examination shown white patch on the tongue, what is the management?**

a) Antibiotics
b) No treatment
c) Close observation
d) **Excision biopsy**

- **biopsy if it pre-cancer then do excision biopsy**

**64. acute otitis media criteria**

a) **Not should be with effusion**
b) rapid sign and symptom

**65. Patient was presented by ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis :**

a) **Acute otitis media**
b) Tympanic cellulitis.
c) Mastoditis.

**66. Patient after swimming pool (clear Dx of otitis externa) treatment is:**

b) nothing
c) amphotericin B
d) steroid
e) **ciprofloxacin drops**

**67. Post-partum female with recurrent attack of hearing loss , which diagnosed as conductive hearing loss , on CT the is adhesion in the of semicircular canal diagnosis is**

a) **Otosclerosis**
b) miner's
c) Tuberous sclerosis.

**68. Purulent discharge from middle ear how to treat him**

a) **systemic AB**
b) local AB
c) steroid

**69. Child with URTI then complained from ear pain on examination there is hyperemia of TM &+ve insufflations test he tri 2 drug no benefit what is the best treatment?**

a) **Augmantine**
b) azythromycin
c) ciprofloxacin/steroid

**70. Waking up from sleep. Can't talk, no fever, can cough, normal vocal cord, what is the diagnosis?**

a) **Functional aphonia** "loss of speech without attributable cause"

**71. Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?**

a) **infectious mononucleosis**

**72. URTI with meningiococcus type A treatment is**

a) Rifampicin
b) **Penicillin, ampicillin, chloramphenicol, ceftriaxone**

**73. URTI with streptococcus type A, treatment is**

a) **Penicilline for 10 days**

- **Treatment with penicillin should be started. Erythromycin or another macrolide can be used in patients who are allergic to penicillin. Treatment with ampicillin/sulbactam is appropriate if deep oropharyngeal abscesses are present. In cases of streptococcal toxic shock syndrome, treatment consists of penicillin and clindamycin, given with intravenous immunoglobulin**

**74. Patient has snoring in sleeping and on exam there is large tensile, what u will do for him?**

a) **Weight reduction**
b) Adenoidectomy

**75. 5 years old seen in ER presented with fever & sore throat , which of the fallowing suggest viral etiology :**

a) Presence of thin membrane over the tonsils
b) Palpable tender cervical LN
c) Petechial rash over hard or soft palate
d) absence of cough
e) Rhinorrhea of colourless secretion

**76. 4 years old presented with 2 day history of shortness of breath a seal like cough with no sputum and mild fever. on examination he did not look ill or in distress**

a) acute Epiglottitis
b) croup
c) angioedema

| | Croup | Epiglottitis |
|---|---|---|
| **Onset** | Days | Hours |
| **Flu-like symptoms** | Yes | No |
| **Cough** | Sever | Absent |
| **Able to drink** | Yes | No |
| **Drooling saliva** | No | Yes |
| **Fever** | < 38 | > 38 |
| **Stridor** | Harsh | Soft |
| **Voice** | Hoarse | Muffed |

**77. Child right ear pain and tenderness on pulling ear , no fever , O/E inflamed edematous rt ear canal with yellow discharge, diagnosis**

a) Otitis media
b) Otitis externa
c) Cholesteatoma

**78. Child with decrease hearing, her grandmother has deafness, Renie & Weber revealed bone conduction more than air conduction, mx “osteosclerosis”**

a) reassure
b) refer her to hearing aid
c) Prescribe hearing instrument.
d) Refer her to otolaryngologist

**79. Child came to you with barking cough, Stridor and by examination you see “ Steeple Sign “ what is your diagnosis ?**

a) Epiglottis
b) Croup

**80. 50 years old male , smock 40 packs / year develop painless ulcer on the lateral border of the tongue which is rolled in with indurated base and easily bleed what is you diagnosis ?**

a) Squamous cell carcinoma
b) Aphthous ulcer
c) Syphilis

**81. patient with URTIs , she said , I saw flash when I sneeze why :**

a) Mechanical irritation
b) Chemical irritation

**82. One of them causes conductive hearing loss :**

a) **Acute ottis media**
b) Syphillis
c) Meneria disease

**83. Patient develop nasal discharge with frontal headache**

a) **Acute sinusitis**
b) Migraine
c) Temporal arteritis
d) Temporal

**84. 55 years old male pt, presented with just mild hoarseness, on exam, there was a mid cervical mass, best investigation is**

a) **Indirect laryngoscope**
b) CT brain
c) CT neck

**85. Old patient presented with Ear pain ,headache , hem paresis, most likely cause:**

a) **Epidural abscess**
b) Spinal abscess
c) Subd Subdural hematoma

**86. Which of the following doesn't cause ear pain?**

a) Pharyngitis
b) Otitis
c) Dental caries
d) **Vestibular neuritis**

- **Main symptom is vertigo lasts for several days or weeks, suddenly, with nausea and vomiting not lead to loss of hearing**

**87. Old man came complain of progressive hearing loss , it is mostly propounded when he listening to the radio, he does not has any symptoms like that before Weber and rinne tests result in bilateral sensorineuralhearig loss.. Diagnosis:**

a) Meniere's disease
b) Otosclerosis
c) **Noise induced deafness**
d) Hereditary hearing loss

**88. Child presented with dysphagia, sore throat, postnasal drip, drooling of saliva, rhonchi & fever of 38.5$^0$c. The treatment is:**

a) Hydrocortisone injection immediately
b) **Call otorhinolaryngology for intubation**
c) Admit to ICU
d) Give antibiotics & send him home

- **acute epiglottitis If the was stable : ICU**
- **If patient is unstable ; Airway must be secured Use of steroid is controversial**

**89. Most common site of malignancy in paranasal sinuses :**

a) **Maxillary sinus**

**90. Patient find perforated tympanic membrane with foul whitish discharge dX?**

- Otosecleresis
- Otitis externa
- **Cholesteatoma**

**91. Young male had pharyngitis, then cough and fever, what is the most likely organism?**

a) Staph aureus
b) **Streptococcus pneumonia**

**92. 7 years old child coming with SOB and wheezing he was sitting in bed, leaning forward, with drooling & strider, what is diagnosis?**

a) **Epiglottits**
b) Bronchial asthma

**93. Child with epiglotitis will present with all of the following EXCEPT:**

a) Fever
b) Dysphagia
c) **like to lie in supine position**
d) Stridor

- **Epiglottitis usually presents abruptly and rapidly with fever, sore throat, dysphagia, respiratory distress, drooling, and anxiety.**
- **Physical: Patients tend to appear seriously ill and apprehensive. Characteristically, patients have a "hot potato" muffled voice and may have stridor. Usually children will assume the "sniffing position" with their nose pointed superiorly to maintain an adequate airway.**

**94. Child is having a croup early morning, the most common cause is:**

a) **Post nasal drip**

**95. Patient is post rhinoplasty, presented with brown discharge with foully odor from the wound, what could be the management?**

a) **Debridement and antibiotic**

**96. All the following are present in otitis media except:**

a) Signs & symptoms of inflammation
b) **Signs & symptoms of effusion**
c) High grade fever
d) Pain

- **Tympanostomy tube (also called a "grommet") into the eardrum IN OME**

**97. 4 years old ptatient comes with cystic swelling behind lower lib varying in size has bluish discoloration:**

a) **ranula " ruptured salivary gland duct usually caused by local trauma"**

**98. Generalized skin rash associated with lymph node enlargement:**

a) **EBV**

**99. enlarger unilateral tonsils:**

a) **peripharangial abcses**

**100. 5 years old child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication**

a) Orchitis.
b) encephalitis
c) mastoiditis
d) **Meningitis**.

- **Mump complication** orchitis in adult males, oophoritis in adult females and meningitis in children
- **Complication of measles** children, the most common one is otitis media; for adult, it is Pneumonia (not interstitial pneumonia, it is the super infection by Strep.
- **Complication of infectious mononucleosis** Common Splenomegaly, spleen rupture, Hepatomegaly, hepatitis and jaundice. Less common :Anemia ,Thrombocytopenia ,inflammation of the heart, meningitis, encephalitis, Guillain-Barre syndrome, Swollen tonsils, leading to obstructed breathing

**101. All features of tonsillar abscess except :**

a) **Deviation of uvula to affected side:**

- **Complication of tonsillitis and consists of a collection of pus beside the tonsil. Severe unilateralpain in the throat, F (39ºC) Unilateral Earache Odynophagia and difficulty to swallow saliva. Trismus is common, muffled voice, "hot potato" voice. Intense salivation and dribbling, Thickened speech, Foetor oris, Halitosis Pain in the neck causative. Commonly involved species include streptococci, staphylococci and hemophilus. surgical incision and drainage of the pus and treat with penicilline or clindamycin**
- **Complications :Retropharyngeal abscess, airway compromise( Ludwig's angina), Septicaemia, necrosis of surrounding deep tissues , rare mediastinitis**

**102. Patient taking treatment for TB came with imbalance, hearing loss which drug?**

a) INH- peripheral neuritis
b) **Strept (8th nerve damage"ototoxicity" , nephrotoxicity)**
c) Rifampin - causes thrombocytopenia and pink orange color of urine and ocp are inafective if used with it
d) Ethambutol - causes reversible optic neuritis
e) Pyrazinamide - causes gout

- **all causes hepatitis except streptomycin**
- **for memories the side effect ...**
- **(R) ifampin: (R) ed secretions + (R) ash + CYP 450 inducer..**
  **(E) thambutol: (E)ye .. optic or retrobulbar neuritis**
  **(P)yrazinamide: g is the mirror image of p so: hepatotoxic + (g)out "hyperurecemia"**
  **INH: CYP 450 INHibitor + Periphral neuropathy (so give Pyridoxine)**
- **Streptomycin belongs to aminoglycosides which are known for their ototoxic and nephrotoxic effects**

**103. Old patient with abnormal ear sensation and fullness, history of vertigo and progressive hearing loss , invx low frequency sensorial hearing loss Dx**

a) Acoustic neuroma
b) Neuritis
c) **Meniere's disease**

- **Meniere's disease: a cause of recurrent vertigo with auditory symptoms more common among females.Hx/PE: Presents with recurrent episodes of severe vertigo, hearing loss, tinnitus, or ear fullness, often lasting hours to days. Nausea and vomiting are typical. Patients progressively lose low-frequency hearing over years and may become deaf on the affected side.**

**104. Patient came with peeling, redness, waxy appearance in the scalp margins, behind the ear and nasal fold best treatment is:**

a) **Topical antifungal**
b) Antibiotic
c) Steroid

- **Seborrhoeic dermatitis affecting the scalp, face, and torso. Typically, seborrheic dermatitis presents with scaly, flaky, itchy and red skin**
- **Treatment: combines a dandruff shampoo, antifungal agent and topical steroid**

**105. Adult patient came with acute otitis media received amoxicillin for 1 week , follow up after 3 weeks u found fluid behind tympanic membrane :**

a) Give AB for 10 days
b) Antihistamine
c) **Follow up after 1 m can resolve spontaneously (Assurance)**
d) Give another AB

**106. What true about management of epistaxis?**

a) compress carotid artery
b) **Compress flesh part of nose together**
c) place nasal tampon
d) put the patient on side position
e) do nothing

**107. 55 years old male presented with intermittent vertigo and tinnitus. He had history of progressive hearing loss for 3 years. MRI of the brain will show:**

a) **Acoustic neuroma.**
b) No abnormal changes.

**108. Child with URTI, developed ear pain, diagnosed with acute otitis media. The best antibiotics for AOM:**

a) Penicillin.
b) **Amoxicillin**.
c) Ceftriaxone.

**109. Patient had seasonal runny nose, itching and nasal obstruction, treated many times with broad-spectrum antibiotics. The most EFFECTIVE therapy is**:

a) Antibiotics.
b) Nasal decongestant.
c) Antihistamines.
d) **Topical Corticosteroids**

**110. Posterior epistaxis with unremarkable history what is next :**

a) **Post nasal tampon**
b) blood coagulation studies

**111. Undisplaced nose fracture, what is next step?**

a) Refer to ENT surgeon
b) **Ice and anageslcis**
c) Anterior packing

**112. Picture of base of mouth showing a white patch with sharply-demarcated edges. Patient is male, long-term smoker and chews tobacco, presents with painless lesion in mouth. What is the next most important step:**

a) Topical Fluconazole
b) **Biopsy**
c) Wide surgical excision

- **Diagnosis is leukoplakia**
  1) **painless white plaque**
  2) **associated with smoking**
  3) **on the mucous membranes of the oral cavity, including the tongue, but also other areas of the gastro-intestinal tract, urinary tract and the genitals**
  4) **Tobacco, either smoked or chewed, is considered to be the main culprit in its development**
  5) **5% to 25% of leukoplakias are premalignant lesions; therefore, all leukoplakias should be treated as premalignant lesions by dentists and physicians - they require histologic evaluation or biopsy**

**113. Most common cause of otitis media all ageis**

a) Staphalococcus aurous
b) **Streptococcus pnemonia**

**114. ulcer on the nose with averted edge**

a) **Basal cell carcinoma**
b) Herpes simplx

**115. Patient with meniere disease advised to take**

a) **Low salt no caffeine**
b) Low salt high caffeine
c) High salt no caffeine
d) High salt low caffeine

**116. Patient with pharyngo tonsilities he took antibiotic and improved in 2 days <the full course of antibiotic should be for:**

a) 5 days
b) 2-7 days
c) 14 days
d) **10 days**

**117. Tympanic membrane perforation in cases of cholesteotoma are commonly situated in :**

a) anterior part of mem tensa
b) Centre of mem. tensa
c) **posterior superior segment**
d) posterior inferior segment of the tympanic membrane

**118.** Most common cause of recurrent tonsillitis is

a) Group a beta hemolytic streptococcus
b) parainfelunsa
c) **Rhinovirus.**

**119. Patient with left tonsil enlargement and exudates:**

a) **Quinsy**

**120. patient has fever and vesicular rash all over his palate and uvula , that later ulcerated and became painful:**

a) Herpangina

**121. Regarding strep pharyngitis: same as q13 put choices are complete:**

a) No treatment should be given until strep infection is proven.
b) Treatment has no effect on rapidity of solution of infection
c) Treatment prevents post-strep glomerulonephritis
d) Treatment can be postponed for 9 days
e) Clindamycin is the drug of choice

**122. A young healthy male complain of sleep apnea on examination there is only enlarged tonsils mangment:**

a) Adenoidectomy
b) Reduce weight

**123. Patient came with sore throat, ear pain and cough. On examination, tympanic membrane is inflamed with hemorrhagic vesicles. What is the organism?**

a) strep pyogenes
b) pseudomonas
c) mycoplasma

**124. Young patient with decreased hearing and family history of hearing loss, ear examination was normal Rene and Weber test revealed that bone conduction is more than air conduction, what would you do?**

a) Tell him it's only temporary and it will go back to normal.
b) Tell him there is no treatment for his condition.
c) Refer to audiometry.
d) Refer to otolaryngeologist

**125. Patient with epiglottitis what in the next step**

a) Nasopharyngeal intubation
b) Endotracheal intubation
c) Tracheostomy

**126. Patient with hx of acute otitis media , came with cloudy discharge from his left ear you should manage him by :**

a) topical antibiotic
b) systemic antibiotic
c) steriods

**127. Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythmatous base, febrile, splenomegaly.**

a) more common in children less than 14 yrs
b) EBV
c) HZV

**128. Patient febrile 38.5, ear ache, discharge, parasthesia and hemiparesis on the same side**

a) HZV
b) epidural abscess
c) subdural hematoma

**129. Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:**

a) **Topical steroid**
b) Decongestants
c) Antihistamines
d) Systemic Steriods

**130. Child presented with decreased hearing for 1 year, on exam. there is fluid behind the ear drum and adenoid hypertrophy. In addition to adenoidectomy what will you do:**

a) Myringotomy.
b) **Gromet tube insertion.**
c) Antibiotics.

**131. Patient with perforated tympanic membrane ttt:**

a) Topical ABX
b) Topical steroid
c) **Systemic ABX**
d) Systemic steroid

**132. 25 years old female came complaining of difficult hearing , she mentioned that their a family history of early onset hearing loss ( her grandmother) Oto. Exam was normal .. Weber and rinne tests result in ( bone conduction is greater than air conduction ) ... Next action is :**

a) Refer her for aid hearing
b) Tell her there is no avalible ttt
c) **Refer her to otolaryngologist**

**133. patient with nasal congestion, watery nasal discharge and conjunctivitis, ttt:**

a) oral antihistamine
b) Na cromoglycate
c) **Topical steroid**

**134. Common cause of AOM in all age groups:**

a) H influenza
b) **St. pneumonae**

**135. 23 years old lady with one month history of nasal discharge & nasal obstruction, she complained of pain on the face, throbbing in nature, referred to the supraorbital area, worsen by head movement, walking, & stopping. On examination , tender antrum with failure of transillumination ( not clear ), the most likely the diagnosis is:**

a) frontal sinusitis
b) **maxillary sinusitis**
c) dental abscess
d) chronic atrophic rhinitis
e) chronic sinusitis

**136. 28 years old AOM he was treated with Amoxicillin, came after 3 wks for F/U there was fluid collection behind tympanic membrane ,no blood wt to do nxt:**

a) **Watchful waiting**
b) Myringotomy

**137. Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:**

a) Topical steroid
b) Decongestants
c) **Antihistamines**
d) Systemic Steriods

**138. Submandublar swelling & pain during eating what best investing**

a) X-ray
b) US
c) **CT**
d) MRI

- **Diagnosis is usually made by characteristic history and physical examination. Diagnosis can be confirmed by x-ray (80% of salivary gland calculi are visible on x-ray), or by sialogram or ultrasound.**
- **CT scans are 10 times more sensitive than x-ray**

**139. all are speech disorders except:**

a) Stuttering
b) Mumbling
c) Cluttering
d) **Palilia**

- **Types of speech disorders: Cluttering , Stuttering, Apraxia, Lisp, Rhotacism, Spasmodic dysphonia, Aphasia, Dysarthria, Huntington's disease, Laryngeal cancer, Selective mutism, Specific Language Impairment, Speech sound disorder and Voice disorders**

**140. Child with recureent otitis media was going to have tonsillectomy, what can u do else to improve his condition?**

a) Myringotomy
b) Grommet insertion

**141. Male fell from 10 stairs, on examination contusion over the nose. Your action will be.**

a) CT scan
b) **referred to ENT**

**142. Patient present with submandibular swelling with eating, relieved after eating , Dx :**

a) **Submandibular gland stone**

**143. Long scenario, patient with greenish nasal discharge , sinus pressure last 4 month , He ttt with broad spectrum antibiotics with no response , (chronic sinusitis not response to antibiotics) , what is the management now ;**

a) antihistamine
b) **local decongestion**
c) antibiotic
d) observation

- **A case of chronic sinusitis; systemic antibiotics may be tried along with steroid, decongestants, and vasoconstrictors**

**144. Patient with a large nodule in the nose which is painful and telangiectasia on the face you will give:**

a) **Deoxycycline(not sure)**
b) Clindamycin
c) retinoid

**145. Indication to give prophylactic antibiotic to recurrent sapurative otitis media in children:**

**146. Offensive white ear discharge with white rigid tympanic membrane asking for diagnosis:**

a) **one of the chioses are spicteccusis**

**147. A lady patient otherwise healthy complaint a hissing sound in her ears at night during sleeping; her bedroom is sound proof and no noise coming from outside. Diagnosis?**

a) Migraine
b) Otosclerosis
c) otitis media with effusion tinnitus

**148. Bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:**

a) cryptic tonsillitis
b) Sojreen's synd.
c) could be zincker diverticulum

CHAPTER

# 6

# Opthamology

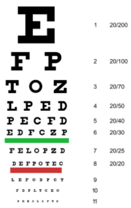
**1. Male patient developed corneal ulcer in his right eye after trauma, what is the management?**

a) **Topical antibiotic & analgesia**
b) Topical steroid

**2. Old diabetic patient with mild early cataract and retinal pigmentation with Drusen formation, you prescribed anti oxidant, what to do next?**

a) urgent ophthalmology appointment
b) **Routine ophthalmology referral**
c) Cataract surgery
d) See him after One month to detect improvement

**3. A picture of Snellen chart, how far should the patient stand:**




a) 3m
b) **6m**
c) 9m

**4. Which of the following is not a sign or symptom of central retinal artery occlusion?**

a) **Painful loss of vision**
b) Painless loss of vision
c) Previous transient loss of vision
d) Dilated pupil with sluggish reaction to light

**5. Female patient with right eye pain and redness with watery discharge, no history of trauma, itching, on examination there is diffuse congestion in the conjunctiva and watery discharge what you'll do:**

a) Give Antibiotics
b) Give antihistamine by exclusion
c) Topical steroid
d) **Refer her to the ophthalmologist**
e) No need for further management

**6. Patient complaining of pain when moving the eye, fundoscopy normal, what is the diagnosis?**

a) **Optic neuritis**
b) Papilledema

**7. Child with large periorbital hemangioma , if this hemangioma cause obstruction to vision , when will be permanent decrease in visual acuity After obstruction by one day**

a) **By 1 week**
b) By 3 months
c) By 6 months

**8. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amylopia:**

a) 1 day
b) **1 week**
c) 3 months
d) 9 months

**9. 50 year old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is:**

a) **Acute glaucoma**
b) Acute conjunctivitis
c) Corneal ulcer

**10. Open globe injury, treatment is:**

a) Continuous antibiotic drops
b) Continuous water and NS drops
c) Continuous steroids drops
d) **Sterile cover and the refered**

**11. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:**

a) **Conjunctivitis**
b) Blepharitis

**12. SCA patient, the macula is cherry red, and absence of afferent papillary light reflex**

a) **Retinal artery occlusion**

**13. Patient has decrease visual acuity bilateral, but more in right side, visual field is not affected, in fundus there is irregular pigmentations and early cataract formation. What you will do**

a) Refer to ophthalmologist for laser therapy
b) **Refer to ophthalmologist for cataract surgery**
c) See the patient next month

**14. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do:**

a) Topical steroid
b) Topical antibiotics
c) **Oral antibiotics**
d) Nothing

**15. Male came to you complaining of sudden progressive decreasing in vision of left eye over last two/three days, also pain on the same eye, on fundoscopy optic disk swelling was sees , Dx :**

a) central retinal artery occlusion
b) central retinal vein occlusion
c) **Optic neuritis**
d) macular degeneration

**16. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:**

a) Cold compression
b) Eye irrigation with Vinegar Solution
c) Contact lenses
d) **Antihistamines**

**17. Patient, medically free came with eye watery discharge, cloudy ant. Chamber with red conjunctiva , Dx:**

a) Keratitis
b) **Uveitis (red eye, injected conjunctiva, pain and decreased vision. Signs include dilated ciliary vessels, presence of cells in the anterior chamber)**
c) Retinitis (Night-blindness-Peripheral vision loss-Tunnel vision-Progressive vision loss)
d) Corneal laceration

**18. Hazy vision with subcortical of keratenizing deposition asking for management**

a) **Systemic steroid**

**19. 30 years old patient presented with eye stocking on the morning what the cause?**
a) Viral
b) **Bacterial**
c) Fungal

**20. Initial treatment of acute angle glaucoma:**
a) **acetazolamide, topical pilocarpin and B blocker**

**21. Photophobia, blurred vision, keraticbehind cornea and cells in anterior chamber, the best treatment is :**
a) Topical antifungal
b) Topical Acyclovir
c) **Antibiotic**
d) Steroid

**22. Patient with trachoma in eye. for prevention you should**
a) **Water sanitation**
b) Water sanitation & eradication of organism
c) Mass treatment

**23. Patient come with history of flue like symptoms for many days & complain of periorbital edema , DX**
a) **Viral conjunctivitis**
b) Bacterial conjunctivitis
c) Keratitis

**24. Pterygium in ophthalmology TTT :**
a) **Surgery**

**25. Patient with ptosis, which nerve is affected?**
a) **3rd cranial nerve "oculomotor nerve"**

**26. Patient comes with sudden painless loss of vision before going to lose the vision see flashes and high lights asking for diagnosis:**
a) **Retinal detachment**

**27. Patient with URTI when he coughs or sneezes see flashes asking the possible causes:**
a) **Mechanical stimuli to retina, irritation of optic disc**

**28. Patient with lateral and vertical diplobia, he can't abduct both eyes, the affected nerve is:**
a) II
b) III
c) **VI**
d) V

**29- Patient with pain in ophthalmic division of trigeminal nerve & vesicle, which of the following is used to decrease post herpetic neuralgia:**
a) Local steroid.
b) **Systemic acyclovir & steroid**
c) Acyclovir

**30. Male patient developed corneal ulcer in his right eye after trauma what is the Mx:**
a) Topical antibiotic & analgesia
b) Topical steroid
c) **Antibiotic, cycloplegia and refer to ophthalmology**

**31. Blow out fracture eyelid swelling , redness other symptoms**
a) Present air fluid level
b) **Enophthalmos 'posterior displacement of the eye"**

**33. Patient came with trauma to left eye by tennis ball examination shows anterior chamber hemorrhage you must exclude?**
a) Conjunctivitis
b) Blepharitis
c) **Foreign body (most likely)**
d) Keratitis

**34. Acute angle glaucoma, you can use all of the following drug except?**
a) B blocker
b) Acetazolamide
c) Pilocarpine
d) **Dipivefrin**

**35. Patient with foreign body sensation in the eye, after the removal of the foreign body it was insect, treatment:**
a) **Local antibiotic**
b) Local steroid
c) Systemic antibiotic
d) Systemic steroid

**36. Mucopurulent discharge :**
a) **Bacterial conjunctivitis**

- **The mainstay of medical treatment of bacterial conjunctivitis is topical antibiotic therapy: Sodium sulfacetamide, gentamicin, tobramycin, neomycin, trimethoprim and polymyxin B combination, ciprofloxacin, ofloxacin, gatifloxacin, and erythromycin**
- **Systemic antibiotics are indicated for N gonorrhea infant (penicillin G), mother and high risk contacts (ceftriaxone) and chlamydial infections: infant (erythromycin) mother and at-risk contacts (doxycycline).**

**37. Patient with hypertensive retinopathy grade 2 AV nicking, normal BP, no decrease in vision, with cupping of optic disc, what will do to the patient:**
a) Reassurance , the problem is benign
b) **Convert him to ophthalmologist**
c) Laser Operation

**38. A 30 years old male present to E.R. complaining of visual deterioration for 3 days of Rt. Eye followed by light perception, the least cause is:**
a. Retinal detachment.
a) **Central retinal arterial embolism.**
b) Vitreous hemorrhage.
c) Retro-orbitalneuritis.
d) Retinitis pigmentation.

**39. Anterior uveitis is a character of the following except:**
a) RA
b) Sarcoidosis
c) Behcet disease.
d) Riter'ssyndrome.
e) Ankylosingspondolitis.

- **Causes of Iritis (anterior uveitis): "idiopathic, seronegative spondyioarthropathies (e.g. Riter's syndrome, Ankylosing spondolitis), IBD, diabetes mellitus, granulomatous disease(e.g. Sarcoidosis), infection(e.g.gonococal, syphilis, toxoplasmosis, brucellosis, T.B.), Behcet disease. Eye involvement of R.A. episcleritis, scleritis, keratoconjunctivitis"**

**40. Patient with open angle glaucoma and known case of COPD and DM, what is the treatment?**
a) Timelol
b) Betaxolol
c) Acetazolamid

**41. Patient with bilateral eye discharge,watery, red eyes, corneal ulceration what is the most common cause?**
a) Dust & pollen
b) Hypertension
c) Ultra-violet light & stress

**42. 70 years old female says that she play puzzle but for a short period she can't play because as she develop headache when playing what you will exam for?**
a) Astigmatism
b) Glaucoma

**43. 54 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day , your recommendation :**
a) Advise him to exercise
b) Stop smoking
c) Wear sunscreen

**44. Patient is wearing contact lenses for vision correction since ten years , now coming complaining of excessive tearing when exposed to bright light , what will be your advice to him :**
a) Wear hat
b) Wear sunglasses
c) Remove the lenses at night
d) Saline eye drops 4 times / day

**45. Patient complains of dry eyes, a moisturizing eye drops were prescribed to him 4 times daily. What is the most appropriate method of application of these eye drops?**
a) 1 drop in the lower fornix
b) 2 drops in the lower fornix
c) 1 drop in the upper fornix

**47. Diabetic patient have neovascularization and vitreous hemorrhage, next step:**
a) Refer to ophthalmologist

**46. 17 years old school boy was playing foot ball and he was kicked in his Right eye... Few hours later he started to complain of double vision & ecchymoses around the eye, what is the most likely diagnosis?**
a) Cellulitis
b) Orbital bone fracture
c) Global eye ball rupture
d) Subconjunctival hemorrhage

**48. 35 years old female patient complaining of acute inflammation and pain in her Left eye since 2 days, she gave history of visual blurring and use of contact lens as well, On examination: fluorescence stain shows dendritic ulcer at the center of the cornea, what is the most likely diagnosis?**
a) Corneal abrasion
b) Herpetic central ulcer
c) Central lens stress ulcer
d) Acute Episcleritis
e) Acute angle closure glaucoma

**49. Patient present with corneal abrasion Treatment:**
a) Cover the eye with a dressing
b) Antibiotic ointment put it in the home without covering the eye

**50. Patient with subconjunctival hemorrhage. What you will do for him?**
a) Reassurance
b) Send him to the ophthalmologist

**51. Patient with recent history of URTI ,develop sever conjuctivitis Injection with redness, tearing ,photophobia ,**
**So, what is treatment?**
a) Topical antibiotic
b) Topical acyclovir
c) Oral acyclovir
d) Topical steroid

**52. Patient presented with constricted pupil, ciliary flushing and cloudy antierior Chamber .there is no abnormality**
**In eye lid, vision and lacrimal duct:**
a) Uveitis
b) Central vein thrombosis
c) Central artery embolism
d) Acute angle closure glaucoma

**53. Newborn with eye infection:**
a) Oral antibiotic
b) Oral steroid
c) Topical antibiotic

**54. Man who bought a cat and now developed watery discharge from his eyes he is having:**
a) Allergic conjunctivitis
b) Atopic dermatitis
c) Cat scratch disease

**55. How to differentiate between Uveitis and Keratitis in red eye**

a) Redness of the eye
b) Blurred vision
c) Photophobia
d) Dark, floating spots along the visual field in Uveitis, Ciliary vessel dilatation
e) Eye pain

**56. By covering test done to child the other eye turn laterally, diagnosis is**

a) Exotropia strabismus

**57. Hypertensive came to ophthalmology doctor by exam show increase cup when asking the patient he did not complain of anything. What is the diagnosis?**

a) Hypertensive retinopathy
b) Diabetic neuropathy
c) Acute open angle glaucoma
d) Acute angle-closure glaucoma
e) Retinal detachment

**58. Long use of topical corticosteroid lead to:**

a) Rise intra ocular pressure
b) Cataract
c) Ptosis
d) Keratoconus

**59. Female patient wear glass since 10 years , she diagnosed recently type 2 DM , she should screen or examine her eyes every:**

a) 6 months
b) 12 months
c) 2 years
d) 5 years

**60. Patient came to you after Trauma complaining of loss of the abduction of his (left or right) eye. So which cranial nerve affected?**

a) III
b) IV
c) V
d) VI

**61. Child came to ophthalmology clinic did cover test, during eye cover , his left eye move spontaneously to left, the most complication is:**

a) Strabismus
b) Glaucoma
c) Myobloma

**62. Patient came to you complaining of gradual loss of vision & now he can only identify light.which of the following is the LEAST cause of his problem:**

a) Retinal detachment
b) Central retinal artery
c) Retinitis pigmentosa
d) Retrobulbar neuritis

**63. 45 years old male presented to the ER with sudden headache, blurriong of vision, excruciating eye pain and frequent vomiting:**
a) **Acute glaucoma**
b) Acute conjunctivitis
c) Acute iritis
d) Episcleritis
e) Corneal ulceration

- **These are typical features of closed angle glaucoma which presents acutely with red painful eye, nausea and vomiting, halos around light, hazy cornea, mid dilated non-reactive pupil and extremely high intraocular pressure. Closed angle glaucoma represents 5% of glaucoma. The rest is open angle glaucoma which presents insidiously with bilateral (the previous was unilateral), progressive loss of peripheral visual field. Iritis= anterior uveitis presents with photophobia and ciliary flush (redness around the iris see Toronto notes). Corneal ulcer presents with photophobia, foreign body sensation and decreased visual acuity (if central). Episceritis is asymptomatic may present with mild pain and red eye. Causes a sectroal or diffuse injection of vessels which is radially directed. Conjunctivitis presents with red itchy eye, foreign body sensation, discharge and crusting of eyelashes in the morning.**

**64. Picture (fundus of eye) "glaucoma"**
a) **Increase Cup to disc ratio more than ½**

**65. Boy 3 day after flue symptom develops conjunctivitis with occipital and nick L.N enlarged so diagnosis is**
a) **Adenoviruses**
b) **S**treptococcus
c) HSV

**66. Cloboma when to do the operation?**
a) 1 week
b) 3month
c) 1 year

**67. What is the management of Uveitis?**
a) **Topical or oral steroid**

**68. Patient has painful red left eye associated with photophobia , what is the DX**
a) Glaucoma
b) **Uveitis**

**69. All the following may cause sudden unilateral blindness EXCEPT:**
a) **Retinitis pigmentosa.**
b) Retrobulbar neuritis.
c) Retinal detachment.
d) Vitreous hemorrhage.
e) Central retinal artery embolism.

- **Retinitis pigmentosa. It causes gradual night blindness**

**70. TB patient suffer from painful red eye photophobia**
a) Glaucoma
b) **Uveitis**
c) Bacterial conjunctivitis
d) Viral conjunctivitis

**71. Retinal detachment, all true except:**

a) **More common in hypermtropic patient than myopic**

- **This is a condition in which there is separation of the two retinal layers, the retina proper and the pigmentary epithelium by the subretinal fluid.**
- **Causes are:Vitreous hemorrhage, toxemia of pregnancy that results in accumulation of exudates in the subretinal space, weakness of the retina such as lattice degeneration that increases the probability of a tear forming, highly myopic people, those who had undergone cataract surgery, detached retina in the fellow eye and recent severe eye trauma.**

**72. Acute glaucoma, all are true except:**

a) Refer to ophthalmologist.
b) **Give miotic before referral**
c) Can present with headache.
d) Can present with abdominal pain.
e) Pupil size in acute glaucoma is larger than normal.

- **Acute closure angleglaucoma**
- **Initial Rx is aimed primarily at lowering IOP through systemic medication. This is b/c, when the IOP is more than 50, the iris sphincter is usually ischemic & paralysed, so that, intensive miotic therapy is seldom effective in pulling the peripheral iris away from the angle.**
- **It can present with eye pain, headache, nausea & vomiting.**
- **In acute glaucoma, the pupil is mid-dilated.**

**73. Picture of Snellen chart, 70 years old patient can only read to the 3rd line, what is his visual acuity?**

a) 20\100
b) **20\70**
c) 20\50
d) 20\40

- **Note that the numbers on the side was erased from the chart**

**74. All are true about congenital squint except:**

a) **There is no difference of the angle of deviation of squint eye between far& near vision.**
b) Asymmetry of corneal light reflex

- **Strabismus is a condition one eye deviates away from the fixation point .under normal condition both the eyes are in proper alignment. The presence of epicanthus and high errors of refraction stimulate squint and this is called apparent squint but in fact there is no squint.**
- **In a non paralytic squint the movements of both eyes are full but only one eye is directed towards the fixated target, the angle of deviation is constant and unrelated to direction of gaze .**
  **Paralytic squint there is underaction of one or more of the eye muscles due to nerve palsy, extraocular muscles that tether of the globe**.

**75. Which of the following is true regarding red eye:**

a) **More redness occur in corioscleral "suggest iritis"**
b) If associated with fixed mid –fixed dilated pupil suggest anterior uveitis
c) In case of glaucoma treatment is mydriatics

**76. This patient see letters at 20 feet , where normal person see it:**

a) **At 70 feet.**

**77. Regarding Stye infection of the lower eyelid, all true except:-**
a) Is infection of gland in the lower eye lid
b) Can be treated by topical antibiotics
c) Can be treated by systemic antibiotics
d) **Needs ophthalmology referral "** *though sometimes referral is needed, but it is never the first option"*

- **A hordeolum (ie, stye) is a localized infection or inflammation of the eyelid margin involving hair follicles of the eyelashes (ie, external hordeolum) or meibomian glands (ie, internal hordeolum).**
- **A chalazion is a painless granuloma of the meibomian glands.**
- **Management**
  1) **Warm soaks** (qid for 15 min)
  2) **Drainage of a hordeolum**
  3) **Antibiotics** are indicated only when inflammation has spread beyond the immediate area of the hordeolum. Topical antibiotics may be used for recurrent lesions and for those that are actively draining. Topical antibiotics do not improve the healing of surgically drained lesions.
     Systemic antibiotics are indicated if signs of bacteremia are present or if the patient has tender preauricular lymph nodes
  4) **Surgical** If the lesion points at a lash follicle, remove that one eyelash
- **Consultations:** If the patient does not respond to conservative therapy (ie, warm compresses, antibiotics) within 2-3 days, consult with an ophthalmologist
  Consultation is recommended prior to drainage of large lesions

**78. Patient with redness in eye, photophobia, and itching, other eye has uveitis, what to give**
a) Bacitracin
b) **cyclo something**
c) tetracyclin

**79.24 years old female newly diagnosed type 2 DM, she is wearing glasses for 10 years, how frequent she should follow with ophthalmologist?**
a) Every 5 years
b) **Annually**

- **For type 1 diabetic**: retina screening annually beginning 5 years after onset of diabetes, general not before onset of puberty.
- **For type 2 diabetic** : screening at the time of diagnosis then annual

**80. Flu like symptoms since two days and now has red eye, what is the diagnosis:**
a) **Viral conjunctivitis**
b) Bacterial conjunctivitis
c) Uvitis
d) Glaucoma

**81. The most dangerous red eye that need urgent referral to ophthalmologist**
a) Associated with itching
b) Presence of mucopurulent discharge
c) Bilateral
d) **Associated with photophobia**

**82. Patient with pterygium in one eye, the other eye is normal, what's correct to tell:**
a) It's due to vitaminosis A.
b) **It may affect vision**
c) It's a part of a systemic disease.

**83. Patient presented with eye pain and watery discharge. A fly hit his eye but it was removed. You will give**:
a) **Topical antibiotic**

**84. Old male presented with cough and SOB. He was treated for a long time for glaucoma. The most likely cause of his respiratory symptoms:**
a) **Timolol.**
b) Propranolol.
c) Betaxolol.
d) Pilocarpin.

**85. Patient with acute headache, blurred vision, and red eye. What's the cause?**
a) Acute conjunctivitis
b) **Acute angle closure glaucoma**
c) Cataract

**86. Patient with decreased vision, also peripheral vision decreased, using tonometer pressure in right eye 24 mm and left eye 22 m. What is the mechanism:**
a) Obstruction at ciliary muscle leads to blockage in drainage of Aqueous Humor.
b) **Obstruction in trabecular meshwork & ciliary muscle leads to pupillary blockage & drainage of aqueous humor**

- **In cases where POAG is associated with increased IOP, the cause for the elevated IOP generally is accepted to be decreased facility of aqueous outflow through the trabecular meshwork. Occurrence of this increase in resistance to flow has been suggested by multiple theories**

**87. Patient complains of discomfort in the eye. There is no discharge. O/E with dye, a dendritic shaped ulcer is seen on the surface of the cornea. What is the diagnosis:**
a) **Keratitis**
b) Uveitis

- **Corneal ulcer, or ulcerative keratitis, or eyesore is an inflammatory or more seriously, infective condition of the cornea involving disruption of its epithelial layer with involvement of the corneal stroma.**

**88. A patient complains of 2 days history of stuck together lashes on waking up. There is muco- purulent discharge. Anterior Chamber, uvea and iris are clear. What is the diagnosis?**
a) **Bacterial Infection**
b) Viral Infection
c) Allergy

- **Bacterial conjunctivitis is usually a benign self-limiting illness, although it can sometimes be serious or signify a severe underlying systemic disease. Occasionally, significant ocular and systemic morbidity may result.**
- **This is one of the most common ocular problems seen in the community.**
- **In adults, bacterial conjunctivitis is less common than viral conjunctivitis; although estimates vary widely, it is thought to account for no more than half of all cases of acute infective conjunctivitis. It is most commonly caused by Staphylococcus spp., Streptococcus pneumoniae, Haemophilus influenzae, and Moraxella catarrhalis.**
- **In children, bacterial conjunctivitis is more common than viral and is mainly caused by H. influenzae, S. pneumoniae and M. catarrhalis**

**89. Blow out fracture:**
a) **Diplopia in upward gaze**

**90. Old diabetic man with sudden unilateral visual loss. There is multiple pigmentation in retina with macular edema. Dx**

a) retinal detachment
b) Retinal artery occlusion
c) **Retinal vein thrombosis**
d) Diabetic retinopathy

**91. Difference between uveitis and keratitis:**

a) Decrease visual acuity
b) Photophobia
c) **Periorbiatl edema in keratitis**
d) Ciliary flush

**92. Very long scenario of old age patient with DM, HTN, hx of multiple cardiac attack, CVA, came for routine check up in PHC, u found bilateral opacification in both lenses, with decreasing of visual acuity, u will:**

a) Refer to laser therapist
b) Refer to cataract surgeon
c) **Refer to ophthalmologist**
d) Follow up

**93. Patient came with history of sudden eye pain, burning vision, photophobia and by examination there is small pupil & heretic cells on cornea and cells in hymous**

a) **Cyclosporine & corticosteroid**

**94. Patient with bilateral eye redness. Discharge and tearing on examination cornea , lens all normal and there is conjunctival follicle DX**

a) **Acute conjunctivitis**

**95. Patient came with eye pain, watery discharge and light sensitivity, eye examination showed corneal ulceration. Her symptoms are frequently repeated. Which of the following is triggering for recurrence of her symptoms:**

a) Dusts
b) Hypertension and hyperglycemia
c) Dark and driving at night
d) **Ultraviolet light and stress**

**96. The most dangerous red eye that need urgent referral to ophthalmologist:**

a) associated with itching
b) presence of mucopurulent discharge
c) bilateral
d) **associated with photophobia**

**97. Neonate with mucopurulent eye discharge lid swelling and culture positive for gm –ve diplococci , treatment (neonatal gonococcal conjunctivitis)**

a) **intravenous cephalosporin**
b) topical sulfonide
c) oral floroquinolol
d) IM aminoglycoside

**98. Patient with red eyes for one day with watery discharge, No itching or pain or trauma (nothing indicate allergy or bacterial infection) there is conjunctival injection, visual acuity 20/20, what is next management?**

a) Antihistamines
b) topical AB
c) No further management is needed
d) refer to ophthalmologist
e) topical steroids

- **If allergic rhinitis: topical steroid, second line: antihistamine**

**99. Clear scenario of keratitis. On examination there is dendritic ulcer:**

a) **Herpes simplex keratitis**

**100. Patient with hx of erythema and vesicle in the forehead but not affect the vision what is the best management**

a) oral acyclovir and F/U
b) **oral acyclovir and ophthalmologist referral**

**101. Cover one eye another go laterally?**

a) **Strabismus**
b) Ambylopia
c) 3rd nerve palsy

**102. Child with proptosis , red eye , restrict eye movement , normal examination**

a) **Orbital cellulitis**

**103. 24 years old female with new Dx of DM2, she wears glasses for 10 years, you will advice her to follow ophthalmic clinic every**

a) 6 months
b) **12 months**
c) 5 years
d) 10 years

**104. 4 years old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract and drusen with irregular pigmentations. No macular edema or neovasculirization. The appropriate action beside antioxidants and Zn is:**

a) Refer the patient for emergency laser therapy
b) **Refer the patient for cataract surgery**
c) See the patient next month
d) No need to do anything

**105. Farmer with allergic conjunctivitis in spring and he can't avoid working what to advice to do at night**

a) **Cold eye compression**
b) other not include antihistamine

**106. Patient with DM and HTN, gradually decreasing vision. Eye exam shows maculopathy, Treatment:**

a) Panretinal photocoagulation
b) Photocoagulation of macular area

**107. What could cause painful vision loss?**

a) **Acute angle closure glaucoma**
b) Retinal detachment
c) Retinal vein occlusion
d) Retinal artery occlusion

**108. Patient has complete ptosis in his right eye. Pupil is out and down, fixed dilated. Restricted ocular movements. dx**

a) **3rd cranial nerve palsy.**
b) 4th cranial nerve palsy.
c) 3rd and 4th.
d) 6th cranial nerve palsy

**109. 13 years old otherwise healthy has bought a cat , now he has congested eyes and nose with stingy discharge with no enlarged lymph nodes :**

a) **allergic conjunctivitis**
b) keratoconjunctivitis sicca this is dry EYE disease
c) Cat scratch disease it has to have swollen lymph node

**110 Patient with foreign body sensation in the eye, after the removal of the foreign body it was insect, treatment:**

a) **local antibiotics**
b) local steroids
c) systemic antibiotics
d) systemic steroids

**111. Contraindicated in acute glaucoma management:**

a) Pilocarpine
b) Timolol

CHAPTER

# 7

# Orthopedics

**1. Patient with metatarsal fracture, X- ray not show exact fracture, next investigation:**
a) US
b) CT
c) **MRI**

- **Imaging in metatarsal fracture**
  1) **X-ray "AP, lateral and oblique views of the foot"**
  2) **CT**
     - not routinely obtained
     - may be of use in periarticular injuries or to rule out Lisfranc injury
  3) **MRI or bone scan**
     - useful in detection of occult or stress fractures

**2. 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:**
a) Claw hand defect
b) wrist drop
c) Sensory deficit only.
d) **Inability to oppose the thumb to other fingers**
e) The inability to flex the metacarpophalangeal joints.

- **Ulnar nerve → claw hand**
- **Median → inability to oppose the thumb to other fingers**
- **Radial nerve → wrist drop**

**3. All of the following muscles are part of rotator cuff, except:**
a) Supra-spinatus.
b) Infra-spinatus.
c) **Deltoid**
d) Subscapularis.
e) Teres minor.

**4. Boy after running for hours, has pain in knee and mass on upper surface of tibia**
a) **Osgood schlatter disease**

- **Iliotibial band Osgood–Schlatter disease or syndrome (tibial tubercle apophyseal traction injury and epiphysitis of the tibular tubercle) is an irritation of the patellar ligament at the tibial tuberosity.**
- **It is characterized by painful lumps just below the knee and is most often seen in young adolescents.**
- **Risk factors include excess weight and overzealous conditioning (running and jumping).**
- **Diagnosis is made clinically**
- **Treatment is conservative with RICE (Rest, Ice, Compression, and Elevation), and if required acetaminophen**

**5. Patient complaining of pain at night when he elevated his arm, tingling on lateral arm side and lateral three fingers, what is the diagnosis?**
a) Brachial plexus neuropathy
b) Shoulder impingement syndrome
c) Brachial artery thrombophlebitis
d) **Thoracic outlet problem**

- **Brachial plexus neuropathy is characterized by acute onset of intense pain in the shoulder or arm followed shortly by focal muscle weakness.**

**6. Patient with scoliosis, you need to refer him to the orthopaedic when the degree is:**
a) 5
b) 10
c) 15
d) **20**

**7. Mid clavicle fracture :**
a) Surgery is always indicated if fracture is displaced
b) Figure-8-dressing has better outcomes than simple sling
c) Figure-8-dressing is strongly indicated in patient with un-union risk
d) **Both figure-8 and simple sling has similar outcomes**

- **Simple sling has been to give the same result as a figure-8 (more comfort and fewer skin problems).**

**8. Young adult presented with pain on lateral elbow, tingling of lateral arm, he plays Squash:**
a) Carbel tunnel
b) **Tennis elbow**

- **Lateral epicondylitis (inflammation of common extensor tendon) also known as (tennis elbow, shooter's elbow and archer's elbow) is a condition where the outer part of the elbow becomes sore and tender. It is commonly associated with playing tennis and racquet sports**
- **Medial epicondylitis (inflammation of common flexor elbow) also know (golfer elbow)**

**9. Young female with pain in her elbow (lateral epichondylitis) best treatment is**

- **Treatment of lateral epichondylitis:**
- **1st line : NSAID + rest + ice**
- **2nd line : corticosteroid injection**
- **3rd line : surgery ➔ percutaneous release of common tendon**

**10. Patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position**
a) **Dorsiflexion**
b) plantar flexion
c) Extension
d) Addduction
e) Abduction

**11. Old man with bilateral knee pain and tenderness that increase with walking and relieved by rest**
a) RA
b) **OA**

- **OA: pain with activity and weight bearing and improve with rest**
- **RA: morning stiffness > 1 hour. Painful and warm swelling of multiple symmetric joint.**

**12. The useful exercise for osteoarthritis in old age to maintain muscle and bone Low resistance and high repetition weight training:**
a) Conditioning and low repetition weight training
b) **Walking and weight exercise**

**13. Old patient c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx:**
a) **Osteoarthritis**
b) Rheumatoid arthritis
c) Gout

**14. Old lady came to clinic as routine visit , she mention decrease intake of Ca food , doctor suspect osteoporosis , next initial investigation :**
a) DEXA
b) Ca in serum
c) Thyroid function test
d) Vitamin D

**15. Old male c/o knee pain on walking with crepitus x-ray show narrow joint space and subchondoral sclerosis:**
a) Rheumatoid arthritis
b) Osteoarthritis
c) Gout

**16. Diet supplement for osteoarthritis**
a) Ginger

**17. Child with back pain that wake pt from sleep , So diagnosis**
a) Lumber kyphosis
b) Osteoarthritis
c) RA
d) Scoliosis

**18. A patient is asked to face the wall, bend his waist, and let his hands hang down without support. This test is used as a screening tool for which of the following?**
a) Lower limb asymmetry
b) Rectal prolapsed
c) Scoliosis

- **This test is called for (Adam's Forward Bend Test )**

**19. 5 years old complaining of limping in CT there is a vascular necrosis, treatment is:**
a) Surgery total hip replacement
b) Splint
c) Physiotherapy

**20. Patient with congenital hip dislocation:**
a) Abducting at flexed hip can causes click or tali

**21. Boutonnière deformity of finger is:**
a) Flexion of proximal interphalangeal joint & hyper extension of distal interphalangeal joint
b) Flexion of proximal interphalangeal joint & extension of distal interphalangeal joint.

**22. Old age with painful hip, increased with walking & associated with morning stiffness, dx:**
a) Osteoporosis.
b) Osteoarthritis
c) RA

**23. Old age with…., & spine x-ray showed ankylosing spondylopathy, what is the management?**
a) Injection of subdural steroid.
b) Back splint.
c) Physiotherapy

**24. The commonest nerve injury associated with humours fracture is:**
a) Radial nerve
b) Ulnar
c) Musculocutaneous
d) Axillary
e) Median

**25. Adult with osteoporosis, what is the treatment?**
a) Ca & folic acid

**26. Pseud-gout is :**
a) CACO3
b) CACL3

**27. Old male complaining of right hip pain on walking the pain increased at the end of day when he wake up in morning he complaining of joint pain and stiffness**
a) Osteoarthritis
b) Ostiomylitis
c) Osteoprosis

**28. The most common fracture in osteoporosis :**
a) Colles fracture (if prior 75 y)
b) Fracture neck of femur
c) Shaft of femur
d) Hip fracture (if over 75y)

**29. 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?**
a) Surgical decompression
b) CAT scan for survical spine

**30. Which of the following is a disease improving drug for RA:**
a) NSAID
b) Hydroxychloroquine

**31. Treatment of open tibial fracture:**
a) Cephazolin
b) Cephazolin+gentamicin
c) Gentamicin
d) Cephazolin, gentamicin and metronidazole

**32. A football player presented with knee pain after a hit on the lateral side of his knee on exam. Increased laxity on valgus stress negative lachman & mcmurry's test, what is the most likely diagnosis?**
a) Lateral collateral lig tear
b) Medial collateral ligament tear
c) ACL tear
d) PCL

**33. Most common site of non traumatic fracture in osteoporotic pt. is:**
a) Head of femur
b) Neck of femur
c) **Vertebra**
d) Tibia

**34. Child came with or Toeing-In , set in W shape , when walk both feet and knee inward with 20 degree , both femur inward rotation 70 degree , what the diagnosis?**
a) Metatarsusadductus
b) **Femoral anteversion (femoral torsion)**

**35. 2 years old child fell down over his toy, as a result of that his leg was under the toy, in the next day he refused to walk what is your diagnosis?**
a) Spiral Fracture of the right Femur
b) **Spiral Fracture of the right tibia**
c) Cheeps Fracture of the right proximal tibia
d) Swelling of the soft tissue of the right leg
e) Ankle

**36. 50 years old male work as a constructor, 1 week ago when he started using a hummer he develop pain on the lateral side of the elbow what is your diagnosis?**
a) Osteoarthritis
b) Rheumatoid arthritis
c) Ulnar nerve compression
d) **Lateral epicondylitis**

**37. Middle age male fell down on his elbow and develop pain which is the early manifestation (I can not remember) but: The fat pad sign is a sign that is sometimes seen on lateral radiographs of the elbow following trauma. Elevation of the anterior and posterior fat pads of the elbow joint suggests the presence of an occult fracture.**
a) Anterior Pad sign
b) **Posterior Pad sign**

**38. Olcranon Bursitis of the elbow joint caused by:**
a) **Repeated elbow trauma**
b) Autoimmune disease
c) Staph. Aureus
d) rupture of bursa

**39. Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx :**
a) Osteoarthritis of radial styloid
b) **De Quervain Tenosynovitis**

- **Finkelstein's test is used to diagnose DeQuervain's tenosynovitis, Radial styloid tenosynovitis, in people who have wrist pain treatment is Injection of corticosteroid and an anesthetic provides relief in more difficult cases. If conservative measures fail, surgery may be necessary to decrease pressure over the tendon (tenosynovectomy) or NSIAD**
- **Phalen's maneuver is more sensitive than Tinel's sign for carpal tunnel syndrome**

**40. 4 years old baby felt down his mother pulled him by his arm & since then he kept his arm in pronation position what is your management:**
a) Splint …………
b) Do x-ray for the arm before any intervention
c) Orthopedic surgery

**41. Polyartheralgia rhumatica. What is the thing that suggest it rather than ↑ ESR & C-reactive protein**
a) proximal muscle weakness
b) proximal muscle tenderness

**42. 17 years old football player gave history of left knee giving off, the most likely diagnosis is :**
a) Lateral Menisceal injury
b) Medial menisceal injury
c) Lateral collateral ligament
d) Medial collateral ligament
e) Anterior Cruciate ligament

**43. 10 years old boy presented to clinic with 3 weeks history of limping that worsen in the morning, this suggests which of the following :**
a) Septic arthritis
b) Leg calve parthes disease
c) RA
d) Tumor
e) Slipped capital femoral epiphysis

**44. 17 year old male while play football felt on his knee "tern over " what do think the injury happened**
a) Medial meniscus ligament
b) Lateral meniscus ligament
c) Medial collateral ligament
d) Lateral collateral ligament
e) Anterior Cruciate ligament

**45. 30 years old male with history of pain & swilling of the right Knee , synovial fluid aspiration showed yellow colour, opaque appearance, variable viscosity, WBC 150000, 80% poor mucin clot ,, Dx is:**
a) Goutism Arthritis
b) Meniscal tear
c) RA
d) Septic Arthritis
e) Pseudogout arthritis

**46. 25 year old male presented with single fracture in the shaft of the femurs. Treatment is:**
a) Open retrograde intramedullary nail
b) Closed antegrade intramedullary nail
c) Internal fixation
d) Apply cast
e) Skeletal traction

**47. Radiological finding in lateral view for elbow dislocation :**
a) Posterior fat pad sign

**48. 70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:**
a) Fracture of distal ulna & displacement of radial head
b) Fracture of shaft of radius with displacement of head of ulna
c) Colle's fracture
d) Fracture of scaphoid

**49. Baby present with unilateral deformity in the foot appear when it is become the weight bearing is in the other foot but when it is the weight bearing the deformity disappear ,the patient has defect in dorsiflexion of that foot, I think they are taking about ( club foot ) treatment :**
a) Orthopedic correction
b) Shoe....
c) Surgery

**50. Case scenario patient present with carpal tunnel syndrome, Treatment:**
a) Corticosteroid injection

- **Splint the wrist in a neutral position at night and during the day if possible.**
- **Administer NSAIDs.**
- **Conservative treatment can include corticosteroid injection of the carpal canal.**
- **They didn't mention a surgery in the MCQ**

**51. Shoulder pain most commonly due to**
a) Infraspinatus muscle injury
b) Referred pain due to cardiac ischemia
c) In acute cholecystitis
d) Rotator cuff

- **The Most Common Cause of shoulder joint pain is rotator cuff tendonitis because of overuse of the shoulder.**

**52. Mother come to you complaining of that her child not use his right arm to take things from her and he keeps his arm in pronation position and fisted , How you will solve this orthopedic problem :**
a) Orthopedic referral for possible surgical correction
b) Rapid supination of forearm

**53. Patient come to you with pain in posterior of neck and accipital area , no affection of vision , by cervical x ray there were decrease of joint space : what is your diagnosis :**
a) cervical spondylosis

- **Cervical spondylosis is a common degenerative condition of the cervical spine. It is most likely caused by age-related changes in the intervertebral disks.**
- **If compression of a nerve roots emerging from the spinal cord may result in radiculopathy (sensory and motor disturbances, such as severe pain in the neck, shoulder, arm, back, and/or leg, accompanied by muscle weakness).**
- **If less commonly, direct pressure on the spinal cord (typically in the cervical spine) may result in myelopathy, characterized by global weakness, gait dysfunction, loss of balance, and loss of bowel and/or bladder control.**
- **Treatment: usually conservative in nature : NSAIDs , physical modalities, and lifestyle modifications**

**54. Lady, computer programmer developed bilateral tingling sensation of hands, +ve tinel test, mx include splintage of both hands in which position**

a) Plantoflexion.
b) **Dorsiflexion**
c) Extension
d) Abduction.

**55. Patient with congenital hip dislocation**

a) **abducting at flexed hip can causes click or tali**

- **Barlow's maneuver: Pressure is placed on the inner aspect of the abducted thigh, and the hip is then adducted, leading to an audible "clunk" as the femoral head dislocates posteriorly.**
- **Ortolani's maneuver: The thighs are gently abducted from the midline with anterior pressure on the greater trochanter. A soft click signifi es reduction of the femoral head into the acetabulum.**
- **Allis' (Galeazzi's) sign: The knees are at unequal heights when the hips and knees are fl exed (the dislocated side is lower).**
- **Asymmetric skin folds and limited abduction of the affected hip are also**

**56. 33 years old Saudi male complaining from lower back pain and considerable morning stiffness. X-ray showed sclerosis joint. Other criterion of this disease are all the following except:**

a) Common in male
b) Negative RF
c) No subcutaneous nodules.
d) **Aortic complications.**

**57. About Clavicular fracture in new-born what is true?**

a) Most cases develop brachial plexus injury
b) Figure-8-dressing is needed
c) Internal fixation is needed
d) **Most will healed spontaneously**

**58. Graph showing risk of osteoporotic patient with aging**

a) **The elderly people get higher risk than young(something like that I don't remember)**
b) 10 % of 70 year old people will develop osteop.

**59. 18 years old boy with back pain investigation to do except :**

a) CBC
b) ESR
c) X –ray
d) **Bone scan**

**60. Old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective ttt**

a) **Physiotherapy**
b) NSAID
c) Surgery

**61. In knee examination : +ve lechman test indicate injury :**

a) **Anterior cruciate ligament**

**62. Female, right hand lateral two radial styloid processes pain, since month increase progressively, CS, positive Finkelstein test, what is the initial treatment?**

a) Nerve decomperrison
b) Cast upper joint
c) <u>**Cast with thumb raised**</u>

- **Initial treatment for DeQuervain's syndrome is nonoperative: first thumb-spica splint, NSAIDS may also be of value, corticosteriod injection into the first dorsal compartment may provide sustained relief.**

**63. 70 years old male with osteoporosis the T score of bone densometry would be :**

a) <u>**-3.5**</u>
b) -2.5
c) 1
d) 2
e) 3.5

- **Above -1: normal**
- **Between -1 and -2.5 : osteopenia**
- **Below -2.5: osteoporosis**

**64. Colle's fracture:**

a) <u>**Distal end of the radius.**</u>
b) Scaphoid fracture
c) Around the elbow.
d) Head of the radius.

**65. A child fell on an out-stretched hand and flexed elbow, exam showed swelling around the elbow with no radial pulse, best management:**

a) Closed reduction
b) Closed reduction then check for radial pulse.
c) <u>**Open reduction.**</u>
d) Cuff and collar for 3weeks.

- **Because of the vessel involvement the best way of treatment is by open repair.**

**66. Flexion, adduction, and internal rotation is:**

a) Anterior hip dislocation.
b) <u>**Posterior hip dislocation.**</u>

- **Represents 90% of dislocation. Anterior hip dislocation classily extended, externally rotated hip.**

**67. Old lady with osteoporosis asked for treatment for prevention:**

a) <u>**D**</u>
b) E
c) Retinoic Acid

**68. Young male with morning stiffness at back relieved with activity and uveitis:**

a) <u>**Ankylosing Spondylitis**</u>

**69. Young female with pain in her elbow(lateral epichondylitis) best treatment is :**

b) <u>**Rest + physical therapy + NSAID**</u>

**70. Female presented with complain of neck pain and occipital headache , no other symptoms , on X-ray has cervical spine osteophytes and narrow disks :**

e) **cervical spondylosis**

**71. Bursitis of the elbow joint caused by:**

a) **Elbow trauma**
b) Autoimmune disease
c) Staph. Aureus
d) rupture of bursa

**72. 48 year-old male complaining of lower back pain with morning stiffness for 30 minutes only. On exam he was having spasm centrally on the lower back. What is the appropriate management :**

a) Epidural steroids injection
b) Back brace
c) Facet lysis
d) **Physiotherapy**

**73. Old patient had history of gout and drinking alcohol heavily came with bone pain, on examination generalize bone tenderness and proximal muscle weakness, x ray of long bone shows ….i can't remember…ix shows high ca and ph..ur dx**

a) Osteomalacia CA low, ph low, alp high
b) **Mets from prostatic cancer**
c) Osteoarthritis
d) Paget dis ca normal, ph normal, alp high

**74. RTA with hip dislocation and shock so causes of shock is**

a) **blood lose**
b) urtheral injery
c) nrurogenic

**75. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder**

a) **Frozen shoulder**
b) Impingment syndrome
c) Osteoarthritis

**76. Pseudogout is Ca:**

a) **Pyrophosphate**
b) Sulfate
c) Uriate

**77. Female patient has morning stiffness and pain involving the metacarpophalengeal and proximal interphalengeal joints. What's the likely diagnosis?**

a) **Rheumatoid arthritis**

**78. An elderly female presented with history of bilateral hand stiffness that is worse in the morning. On examination she had bony swellings in the distal interphalangeal joints. These swellings are:**

a) **Heberden nodule**
b) Buchard's nodule
c) Synovial thickening
d) Synovial cysts

**79. 74 years old female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. On examination no muscle weakness detected (Polymyalgia rheumatic). Investigation of choice:**
a) RF
b) Muscle CK
c) **ESR**

**80. Supra-condylar fracture patient presented with swelling and cyanosis of finger after plaster, Management**
a) Removal of splint near finger
b) **Entire removal of all splint**

**81. The most common site for Osteomyelitis is:**
a) Epiphysis
b) Diaphysis
c) **Metaphysis**
d) Blood flow

**82. What is the initial management for a patient newly diagnosed knee osteoarthritis.**
a) Intra-articular corticosteroid
b) Reduce weight
c) Exercise
d) **Strengthening of quadriceps muscle.**

**83. Which of the following is true regarding perths disease :**
a) Commonly seen between 11-16 years of age
b) Always unilateral.
c) **May present by painless limp**
d) Characteristically affect the external rotation of hip
e) More in female

**84. Snuff box.**
a) **in scaphoid bone**

**85. A patient presents with long time history of knee pain suggestive of osteoarthritis. Now he complains of unilateral lower limb swelling and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?**
a) CXR
b) ECG
c) Echocardiography
d) **Duplex ultrasound of lower limb**

- **Osteoarthritis relief by rest. So, immobility pt. can lead to DVT**

**86. In lumbar disc prolapse at L4-L5 the patient will have:**
a) Pain at groin & front of thigh
b) Hypoesthesia around the knee
c) **Weakness of dorsiflextion of foot**
d) Absent ankle reflex
e) Fasciculation at calf muscle

**87. 2 years old baby was brought to the clinic because of inability to walk straight. On examination, there was asymmetry of skin creases in the groin. The Trendelenburg's sign was positive on the left side. Your diagnosis :**

a) Fracture pelvis.
b) **Congenital hip dislocation**
c) Fracture femur on the left side.
d) Poliomyelitis.
e) Rickets

**88. Fractured pelvis commonly associated with:**

a) Bladder injury
b) Penile urethra injury
c) **Bulbomembraneus urethra injury**
d) Ureter injury

**89. Sickle cell anemia patient presented with unilateral hip pain, most likely diagnosis is:**

a) Septic arthritis
b) **Avascular Necrosis**

**90. Avascular necrosis of the head of femur is usually detected clinically by:**

a) **3 months**
b) 6 months
c) 11months
d) 15 months.

**91. Man with back pain x ray show fracture at T8, L1 & L2, Bone density T - 1,9**

a) **Osteopenia**
b) Osteoporosis

**92. Which of the following is not true regarding Osteomyelitis:**

a) Puomyositis
b) Epiphyseal plate destruction
c) **Septic arthritis (it can develop due to osteomylitis) "not sure"**
d) Septicemia
e) After bone growth

**93. Congenital dislocation of hip; all are true EXCEPT:**

a) More in girls
b) Best examined after 12-36 hours from birth
c) **There will be limitation in abduction of thigh**
d) Barlow test will give click indicating CDH
e) Can be treated by splint

**94. Acute gait disturbance in children; all are true EXCEPT:**

a) Commonly self limited
b) The usual presenting symptom is limping
c) **Radiological investigation can be reveal the DX**
d) Most often no cause can be found

**95. Concerning green stick fracture in children, all are true EXCEPT**
a) **Extremely painful**
b) Most commonly involve the forearm
c) Function of the limb is preserved
d) Is incomplete fracture

**96. Which of the following increase bone density and muscle strength**
a) **Endurance and weigh exercise**
b) High repetition
c) Low repetition

**97. Hypertensive patient on Thiazide presented at night with severe left foot pain involving the first toe with redniss extending to the mid leg. The Dx:**
a) Cellulitis
b) Septic arthritis
c) **Gouty arthritis**

**98. Child fall and had spiral type radial fracture, what is the management?**
a) **Splinting**
b) Refer to orthopedics
c) Refer to pediatric
d) Open reduction with internal fixation

**99. Man who is having a severe pain on his big toe with knee pain and examination revealed negative perferingent crystals:**
a) **Uric acid deposit secondary to synovial fluid over saturation**
b) Ca pyrophosphate secondary to synovial fluid over saturation

**100. Patient with epilepsy came with Left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?**
a) Inferior dislocation
b) **Subacromal post Dislocation**
c) Subglenoid ant dislocation
d) Subclavicle ant dislocation

**101. Child with radial head dislocation, what is the next in management?**
a) **Reduction and subluxation**
b) x ray
c) MRI

**102. Which of following would decrease the incidence of compression fracture :**
a) **Vitamin D supplement**

**103. Fracture of elbow common injury of**
a) humerus fracture
b) **Radial**

**104. 50 years , back pain , x ray sowed lytic lesion :**
a) bone scan
b) **bone marrow biopsy 2-protien electrophoresis of blood and urine>paraprotien**

**105. Shoulder pain most commonly due to:**
a) Infraspinatus muscle injury
b) Supraspinatus
c) Referred pain due to cardiac ischemia
d) In acute cholecystitis

**106. Profeational player came with history of truma on the lateral side of left knee , on examination there is swelling in the medial aspect of left knee , the diagnosis is**
a) Medial collateral ligament spasm
b) Lateral collateral ligament spasm
c) Medial meniscus tear
d) Lateral meniscus tear

**107. Old, which fracture caused by trauma on outstreatched hand**
a) Colle's Fx

**108. Regarding Perth's disease**
a) May present with a nearly painless limb

**109. Regading compression facture in osteoporotic patients what is true**
a) normal x-ray rules out the diagnosis
b) serum alkaline phosphatse is normal
c) Vit d deficiency is the cause
d) steriod therapy is recommended

**110. Which drug can use in acute back pain**
a) Diazepam
b) Alprozam
c) Metoxelen

**111. The best way to decrease pain in elderly with bilateral knee pain and crepitation is.**
a) NSAID.
b) Decrease weight
c) Exercise

**112. Fracture in the hummers affecting radial nerve lead to**
a) Wrist drop

- **Rdial nerve → wrist drop**
- **Peroneal nerve → foot drop**
- **Club foot → congenital**

**113. Patient with epilepsy came with left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?**
a) Inferior dislocation
b) subacromal posterior dislocation
c) subglenoid anterior dislocation
d) subclavicle anterior dislocation
e) subclavicle anterior dislocation

**114. Old female with recurrent fracture, Vitamin D insufficiency and smoker. Which exogenous factor has the greatest exogenous side effect on osteoporosis?**

a) Old age
b) **Smoking**
c) Vitamin D insufficiency
d) Recurrent fracture

**115. 58 years old female, known case of osteopenia, she's asking you about the best way to prevent compression vertebral fracture, what would you advise her?**

a) avoid obesity
b) **Vit. D daily**
c) Wight bearing exercise

**116. What is the TRUE about backache with osteoporosis?**

a) Normal x ray vertebra exclude the diagnosis
b) Steroid is beneficial TTT
c) **Vitamin D defiency is the cause**

**117. Old lady with recent osteoporosis ask about drug to prevent lumbar fracture**

a) **Vitamin D**
b) Bisfosphonate
c) Exercise

**118. What is the most common non-traumatic fracture caused by osteoporosis?**

a) Colle's fracture
b) Femoral fracture
c) **Vertebral compression fracture**

**119. Adolescent female with eating disorder & osteoporosis, what is the treatment?**

a) **Weight gain**
b) Vitamin D
c) Bisphosphonates

**120. Cellulitis in children most common causes:**

a) Group A streptococcus
b) **Staphylococcal aureus**

- **Staphylococcus aureus is the most common bacteria that cause cellulitis.**
- **Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called "flesh-eating bacteria" are, in fact, also a strain of strep which can -- in severe cases -- destroy tissue almost as fast as surgeons can cut it out.**

**121. Shoulder pain most commonly due to:**

a) **Infraspinatus muscle injury**
b) Referred pain due to cardiac ischemia
c) In acute cholecystitis

- **The most common diagnosis in patients with shoulder pain is bursitis or tendonitis of the rotator cuff.**

**122. Olecranon bursitis**
a) Caused by multiple trauma in elbow which realeases antibodies

**123. lady 4 month ago did CS ,, medically free, complain of wrist pain, phalen test –ve, Finkelstein's test positive,, tenderness distal to radial styloid>> I think it'sa case of DeQuervain's tenosynovitis:**
a) Volar splint
b) Entrapment release"sugery"
c) Thumb splint
d) Drug I don't remember the name

- **The treatment is medical, therapy and surgery … medical with NSAIDs or injection of corticosteroids or xylocaine. therapy with splint )**

**124. Young boy run for long distance "3 killometrr I think" pt complain of persist pain on examination there is knee swelling, x-ray of knee reveals nothing. What the diagnosis: (unclear )**
a) Ligament tear?
b) Tibial fracture

**125. A patient presented with pain in the index finger, he feels severe pain when holding scissors in the base of his finger on the palmar side, the finger is locked and there is also pain on full extension of the finger:**
a) Trigger finger
b) Mallet finger
c) Dupuytren's contracture
d) Tendon cyst

**126. 40 years old Patient known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. On examination, soft abdomen, normal bowel sounds, normal range of motion of hip. What is the best radiological diagnosis?**
a) Abdominal US
b) Abdominal CT
c) Hip CT
d) IV venogram
e) Kidney US

- **In adults, musculoskeletal complications (commonly arthritis) occurs with the attacks of Crohn's disease. Commonly affects large joints of lower extremity.**

**127. 45 years old female came to ER with acutely swollen knee + ballotmentpatella. The most important to do**
a) MRI of the knee
b) Aspiration
c) Complete blood count
d) Rheumatoid factor

**128. Median nerve injury :**
a) tunnel tests
b) phalen test

**129. Patient hypothyroidism have painful shoulder , limited ROM, what is the Dx:**
a) impengiment
b) rotator cuff tear
c) adhesive capsulitis

**30 years old female patient came c/o irregular period and LMP was 6 months back. She also has bony pain all around her body. She works indoors and when going out, she covers herself. She had history of several yrs of multipe fractures caused by minimal trauma. Lab results shows low Ca , low Ph and high alkaline phosphatase . All vitamin levels were normal exept for vitamin A which is low. Labs didn't include vitamin D " it was not even mentioned ", What is the diagnosis?**

a) Paget disease
b) Osteoporosis secondary to menopause
c) Osteomalacia secondary to hypovitaminosis

**130. History of trauma in DIP (finger hyperextension) with palm pain: (incomplete question)**

a) Extraarticular fracture in DIP
b) Intraarticular fracture in PID
c) Superficial tendon tears
d) **Tendon profundus tears**

**131. Football player get hit on the medial side of his knee , the medial side of the knee is red swallen and tender , the impo thing +ve valgus test of that knee , -ve Lachman and McBurny test**

a) **medial collateral lig sprain**
b) lateral coll lig sprain
c) medial meniscus tear
d) Lateral meniscus tear
e) patellar fracture

**132. Child with in toeing and the knee and leg goes inside when he is walking, with W shape postion while sitting. abnormality is:**

a) Metatarsus vareus
b) metatarsus adductus
c) **Medial femoral torsion**
d) Medial tibial torsion

CHAPTER

# 8

# Family medicine& Statistics

1. **Tertiary prevention:**
   a) Seat belt (primary)
   b) Influenza vaccine for elderly (primary)
   c) DPT vaccine for children (primary)
   d) **Coronary bypass**

2. **What is questionnaire used to differentiate between sleep apnea and snoring?**
   a) Michigan
   b) **Epworth**
   c) Cooner

3. **Adolescent female counselling on fast food. What you should give her?**
   a) Ca + folic acid
   b) **Vitamin C & folic acid**
   c) Zinc & folic acid
   d) Zinc & Vitamin C

4. **Study on population of 10000 they found 2000 have DM at end of study increase 1000 what is incidence of DM:**
   a) **10 %**
   b) 12%
   c) 24%

5. **Proven to prevent some cancers:**
   a) Ca
   b) **Folic acid & Vitamin D**

   - **Some articles suggest the strong link between High vitamin D level and low risk of cancers!**

6. **One of the following decreases the chances of colon cancer:**
   a) Zinc
   b) Vitamin E
   c) **Folic acid**
   d) Vitamin C

7. **Which of the following known to have protective effect against some cancers :**
   a) **Vitamin D**
   b) Other random medication and supplement “No folate or vitamin C”

8. **Drug used in smoking cessation contraindicated in pt.**
   a) **History of seizures**

   - **Bupropion was developed and initially introduced in the United States as an antidepressant but was subsequently noted to reduce the desire to smoke cigarettes and shown in clinical trials to be effective in smoking cessation, one of its commonest contraindication is past history of Epilepsy**

9. **A patient is taking bupropion to quit smoking what is the side effect?**
   a) Arrhythmia
   b) **Seizure**
   c) Xerostomia
   d) Headache

**10. Statistics of a village in 2008, Total number of population: 2500 , Total number of stillbirth: 10 , Total number of live birth: 18, Total number of dead: 25, Total number of marriage: 15 , The crude death rate in this village in 2008 is:**

a) 10%
b) 14%
c) **25%**

- **This answer According to community professor in KKUH!**
- **Crude death rate = no. of deaths\Population number ×1000**

**11. Regarding screening for cancer, which of the following is true?**

a) Screening for cervical cancer had decreased in recent years
b) Screening for breast cancer had decreased in recent years
c) **Screening for Colorectal cancer is inadequate for the high-risk groups**
d) Screening for lung cancer has reduced the mortality rate of lung cancer
e) Screening for tobacco use is now adequately done by health professionals

**12. Physician's carelessness is known as:**

a) Criminal neglect
b) Malfeasance
c) **Malpractice**
d) Non feasance

**13. diabetic patient , diagnosed 2 weeks back came to your clinic at scheduled appointment supposed to be at 10:00 AM but because you were having another complicated case , he had to wait for more than an hour , and he was extremely angry , what u will do :**

a) be empathetic as this anger is mostly because of the new morbidity diagnosed at this patient
b) Start your talk with him by saying "I was having a hard case
c) Don't say anything regarding being late unless he brings it up
d) **Start your talk with him by saying "you seem furious"**

**14. Regarding SEM (standard error of the mean):**

a) **SEM is observation around the mean**
b) Standard deviation is measure of reliability of SEM
c) Is bigger than SD
d) Is square root of variance
e) **Standard deviation advantage can be math manipulated?**

**15. The maximum dose of ibuprofen per day is**

a) 800
b) 1600
c) 3000
d) **3200**

- **The maximum dose according to guidelines is: 800 mg per dose or 3200 mg per day.**

**16. Regarding smoking cessation, the following are true EXCEPT:**

a) The most effective method of smoking control is health education.
b) **There is strong evidence that acupuncture is effective in smoking cessation**
c) Anti-smoking advice improves smoking cessation
d) Nicotine replacement therapy causes 40-50% of smokers to quit.
e) The relapse rate is high within the first week of abstinence.

**17. Patient receive yellow fever vaccine then developed itching, nausea and vomiting what to give**
a) Epinephrine

**18. osteoporosis risk, According to graph**
a) 10 % develop osteoporosis before age of 50
b) women above 80 are at the greatest risk of osteoprosis

**19. Epidemic curve**
a) Histogram plot disease or condition occurring over period of time

**20. Endemic definition**
a) Constant prevalence and incidence of disease all the time at certain area

**21. Mother who is breast feeding and she want to take MMR vaccine what is your advice :**
a) Can be given safely during lactation
b) Contain live bacteria that will be transmitted to the baby
c) Stop breast feeding for 72 hrs after taking the vaccine

**22. 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommending**
a) advise him to exercise
b) Stop smoking
c) wear sunscreen

**23. In a certain study they are selecting the 10th family in each group that is the type of study:**
a) Systemic study
b) Non-randomized study
c) Stratified study

**24. about positive predictive value :**
a) Correlation between those of high risk and have the disease
b) correlation between those of low risk and have the disease
c) correlation between those of high risk and not have the disease

**25. Most of vaccine stored in degree of:**
a) 2 - 8 c

- **Refrigerated vaccines are stored between 2C and 8C, and frozen vaccines between -50C and -15C.**

**26. Best preventive method for Lyme disease:**
a) Insect repellent??
b) Wear fiber long sleeve clothes

**27. Which of the following diseases is NOT transmitted by mosquitoes?**
a) Rift valley fever
b) Yellow fever
c) Relapsing fever
d) Filariasis
e) Dengue fever

- **Relapsing fever (**Note: Can be transmitted by Tick)**

**28. A patient that is having an infection with flavivirus, prevention from the disease to contacts is**
a) isolate the patient
b) separate his clothes
c) if vaccinated then contact will never get the disease
d) **Do nothing??**

**29. Positive predicative value :**
a) **Patient who has high Risk factor & positive test**

**30. Cholera prophylaxis:**
a) **Dukoral & tetracycline**

**31. Female come to family physician ask about diet that decrease CVD, (She has family history)?**
a) **Increase fruit and vegetable**
b) Decrease the intake of meat and dairy
c) Decrease the meat and bread.

**32. Most difficult method to prevented in transmission:**
a) Person to person
b) Vector
c) Droplet
d) **Air-borne**

**33. Null hypothesis :**
a) The effect is not attributed to chance
b) There is significant difference between the tested populations
c) **There is no significant difference between the tested populations**

**34. The specificity is:**
a) When the person does have the disease with +ve test
b) When the person does have the disease with -ve test
c) When the person does not have the disease with +ve test
d) **When the person does not have the disease with -ve test**

**35. What is the best way of health education:**
a) Mass media
b) Internal talk
c) **Individual approach**

**36. Child newly diagnosed with asthma and allergy to dust mite what u will advise his parent?**
a) Advice to remove all the carpet and rugs
b) Cover his bed and bellow with impermeable cover
c) **Wash the clothes and linen in hot water**
d) Humid house with 80 % humidity
e) Cooling clothes

**37. What is the definition of standard deviation**
a) **Measurement of variety**

**38. Attributable risk**
a) **Measurement of have the disease and not exposed with those exposed and have the disease**

**39. One of these not live vaccine:**

a) **HBV**
b) OPV
c) MMR

**40. You have an appointment with your patient at 10 am who is newly diagnosed DM, you came late at 11 am because you have another complicated patient, what are you going to say to control his anger?**

a) **Told him that there is another patient who really need your help**

**41. Physician's carelessness is known as:**

a) Malpractice
b) **Criminal neglect**
c) Malfeasance
d) Nonfeasance

**42. Best prevention of dust mites**

a) Cooling clothes
b) Humid house with 80 % humidity
c) **Boiling cloths and linen**

- **Eradication of dust mite**

1) **Reduce humidity levels to less than 50 percent inside your home, especially in the bedroom**
2) **Airing out the house with open windows allows entry of pollen, which is another allergen as well as food for dust mites.**
3) **Wash all bedding weekly. Research has shown laundering with any detergent in warm water (77 degrees F) removes nearly all dust mite and cat allergen from bedding**
4) **Avoid overstuffed furniture because it collects dust**
5) **avoid wool fabrics/rugs because wool sheds particles and is eaten by other insects**
6) **Use washable curtains and rugs instead of wall-to-wall carpeting**
7) **Cleaning and washing items that harbour them, exposing them to temperatures over 60 °C (140 °F) for a period of one hour**

**43. Likelihood ratio of a disease incidence is 0.3 mean**

a) Large increase
b) Small increase
c) No change
d) **Small decrease**
e) Large decrease

**44. Town of 15000 populations, in 2009 numbers of deliveries was 105. 5 of them are stillbirth, 4 die in first month, 2 die before their 1st birthday. If 700 move out and 250 move in what is the perinatal mortality rate?**

a) 9
b) 8
c) 4
d) **6**

- **Perinatal mortality = stillbirths + death at 1 week of life, thus the question should mention additional information about those dying at the 1st month (did they die at the first week or not).**

**45. At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate**

a) 40%
b) 60%
c) **80%**
d) 20%

- **Attack rate is the cumulative incidence of infection in a group of people observed over a period of time during an epidemic, usually in relation to food borne illness.**

**46. What is the most common medical problem faced in primary health care is?**

a) **Coryza**
b) UTI
c) Hypertension
d) Diabetes

**47. before giving influenza vaccine , you should know if the patient allergy to which substance**

a) shellfish
b) **Egg**

**48. The greatest method to prevent the diseases :**

a) **Immunization**
b) Genetic counseling
c) Environment modification
d) Try to change behavior of people toward health
e) Screening

**49. You were working in a clinic with a consultant who prescribed a drug that was contraindicated to the patient (the patient was allergic to that drug) but you didn't interfere & assumed that he knows better than you do. Which of the following you have violated:**

a) Professional competence
b) **Quality of caring patient**
c) Honesty.
d) Patient relationship
e) Maintaining trust

**50. You are reading a population study that states that 90% of lung cancer patient are smokers while 30% of lung cancer patient are non-smokers. What is the specificity of using smoking as a predictor of lung cancer?**

a) 10%
b) 40%
c) 30%
d) **70%**
e) 90%

**51. What is the most important factor in attempt of successful cessation of smoking is?**

a) **The smoker’s desire to stop smoking**
b) The pharmacological agents used in the smoking cessation program.
c) Frequent office visits.
d) Physician’s advice to stop smoking
e) Evidence of hazards of smoking

**52. Evidence based medicine:**

a) Practice medicine as in the book
b) practice according to the department policy
c) Practice according to available scientific evidence
d) practice according to facility
e) practice according to latest publish data

**53. Patient with cancer. You want to break bad news, which of the following is true?**

a) Inform his family
b) Inform him according to his moral background and religion
c) Let social service inform him
d) Don't tell him

**54. For health education programs to be successful all are true except :**

a) human behavior must be well understood
b) Information should be from cultural background
c) Doctors are only the health educators
d) Methods include pictures and videos (mass media)
e) Involve society members at early stage

**55. Relative risk :**

$$RR = \frac{a/(a+b)}{c/(c+d)} = \frac{20/100}{1/100} = 20.$$

- **Relative risk is a ratio of the probability of the event occurring in the exposed group versus a non-exposed group**
- **example where the probability of developing lung cancer among smokers was 20% and among non-smokers 1%**

**56. Patient with family history of coronary artery disease his BMI= 28 came to you asking for the advice:**

a) Start 800 calorie intake daily
b) Decrease carbohydrate daytime
c) Increase fat and decrease protein
d) Start with decrease ……. K calorie per kg per week

**57. 1st step in epidemic study is :**

a) verifying diagnosis

- **The first step in an epidemiological study is to strictly define exactly what requirements must be met in order to classify someone as a "case." This seems relatively easy, and often is in instances where the outcome is either there or not there (a person is dead or alive). In other instances it can be very difficult, particularly if the experts disagree about the classification of the disease. This happens often with the diagnosis of particular types of cancer. In addition, it is necessary to verify that reported cases actually are cases, particularly when the survey relies on personal reports and recollections about the disease made by a variety of individuals.)**

**58. Patient has family history of DM, he is overweight the proper management for him is:**

a) General reduction in carbohydrates
b) Decrease 500 kcal for every kg
c) Stop carbohydrates and start fat diet

**59. Battered women:**
a) Multiple visit multiple complaint

**60. Mother worry about radiation from microwave if exposed to her child. What you tell her:**
a) Not all radiation are dangerous and microwave one of them
b) Microwave is dangerous on children
c) Microwave is dangerous on adult

**61. What is the most important in counseling**
a) Exclude physical illness
b) Establishing rapport
c) Family
d) Scheduled appointment

**62. In breaking bad news**
a) Find out how much the patient know
b) Find out how much the patient wants to know

**63. A study done to assess the risk of long taking Ca in two groups the diseased group with long Ca plus control according to geographical location, site, and population. It adds (??) this type of study:**
a) Cohort
b) Case Control (retrospective)
c) Correlation study

**64. Define epidemiology**
a) The study of the distribution and determinants of health related events (including diseases) and application of this study to the control of diseases and the others health problems "

**65. A lady came to your clinic said that she doesn't want to do mammogram and preferred to do breast self-examination, what is your response?**
a) Mammogram will detect deep tumor
b) Self-examination and mammogram are complementary.
c) Self-examination is best to detect early tumor

**66. Case Control description**
a) Start with the outcome then follow the risk factors

**67. A vaccination for pregnant lady with DT**
a) Give vaccine and delivery within 24 hrs
b) Contraindicated in pregnancy
c) Not contraindicated in pregnancy

**68. Epidemic curve :**
a) Graph in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak.

**69. BMI 30:**
a) Obese

**70. Patient came with major depression disorders so during communication with patient you will find :**
a) Hypomania
b) Late morning awake
c) **Loss of eye contact**

**71. If you see patient and you face difficulty to get accurate information from him, what is the best to do?**
a) **Ask direct question**
b) Ask open question
c) Control way of discussion

**72. Patient want to quit smoking you told him that symptoms of nicotine withdrawal peaked after**
a) **1-2 days**
b) 2-4 days
c) 5-7 days
d) 8- 10 days

**73. What is the shape of a distribution graph seen in a normal distribution curve?**
a) **Bell shaped**

**74. Adult to give varicella vaccine**
a) 2 doses 2 weeks apart
b) **2 doses 4 weeks apart**
c) 2 doses 6 months apart
d) 3 doses 4 weeks apart

**75. While you are in the clinic you find that many patients present with red follicular conjunctivitis (Chlamydia) your management is:**
a) **Improve water supply and sanitation**
b) Improve sanitation and destroying of the vector
c) Eradication of the reservoir and destroying the vector
d) Destroy the vector and improve the sanitation

**76. Which is true about DM in KSA:**
a) Mostly are IDDM
b) **Most NIDDM are obese**

**77. about annual influenza vaccination :**
a) **Drift**

- **Influenza viruses are dynamic and are continuously evolving.**
- **Influenza viruses can change in two different ways: antigenic drift and antigenic shift.**

**78. The best advice to patient travelling is:**
a) **Boiled water**
b) Ice
c) Water
d) Salad and under cooked sea shells

**79. True negative test is best described as following :**
a) **Not suspected to have the disease that actually does not have**

**80. Endemic means:**

- **Endemic: is the constant presence of a disease or infectious agent in a certain geographic area or population group. (usually rate of disease)**
- **Epidemic: is the rapid spread of a disease in a specific area or among a certain population group. (excessive rate of disease)**
- **Pandemic: is a worldwide epidemic; an epidemic occurring over a wide geographic area and affecting a large number of people.**

**81. Best sentence to describe specificity of screening test ,is the population of people who :**

a) **Are negative of disease, and test is negative**
b) Are positive of disease, and test is negative
c) Are positive comparing to total other people
d) Negative disease , positive test
e) Positive disease , negative test

- **Sensitivity:** The probability that a diseased patient will have a positive test result.
- **Specificity:** The probability that a non-diseased person will have a negative test result.

| | Disease Present | No Disease |
|---|---|---|
| **Positive test** | A | B |
| **Negative test** | C | d |

- **Sensitivity = a / (a + c)** **Specificity = d / (b + d)**
- **Sensitive test** is good for ruling out a disease.
- **High sensitivity** = good screening test (↓ false negatives).
- **High specificity** = good for ruling in a disease (good confirmatory test).

**82. The way to determine the accuracy of occult blood test for 11,000 old patients is by measuring:**

a) **Sensitivity**
b) Specificity
c) Positive predictive value
d) Negative predictive value

**83. In developing country to prevent dental caries, it add to water**

a) **Fluoride**
b) Zink
c) Copper
d) Iodide

**84. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:**

a) Cold compression
b) Eye irrigation with Vinegar Solution
c) Contact lenses
d) **Antihistamines**

**85. Diagram, interpret it**

a) **Females are more susceptible to osteoporosis**

**86. Which of the following increases the quality of the randomized controlled study & make it stronger:**

a) Systemic Assignment predictability by participants
b) Open Allocation
c) Including only the participants who received the full intervention
d) Following at least 50 % of the participants
e) Giving similar intervention to similar groups

**87. Using the following classification, relative risk of those with risk factor to those without risk factor is:**

a) A/A+B , C/C+D
b) A/A+B
c) C/C+D

| Risk factor | Case | Non case | total |
|---|---|---|---|
| Present | A | B | A+b |
| Absent | C | D | C+d |
| Total | A+C | B+D | |

**88. Female underwent abdominal operation she went to physician for check ultrasound reveal metal clip (10 cm) inside abdomen (missed during operation), what will you do?**

a) Call the surgeon and ask him what to do
b) Call attorney and ask about legal action
c) Tell her what you found and refer her to surgery.
d) Tell her that is one of possible complications of operation
Don't tell her what you found

**89. When a person is predicated not to have a disease he is called (Negative). Then what is (true negative):**

a) When a person is predicted to have a disease, he has it.
b) When a person is predicted to have a disease, he does not have it.
c) When a person is predicted not to have a disease, he has it.
d) When a person is predicted not to have a disease, he does not have it.
e) When risk cannot be assessed.

**90. The strongest type of epidemiological studies is:**

a) Prospective cohort studies
b) Retrospective control case studies
c) Cross sectional
d) Time line

**91. Regarding standard error of the mean, which is true?**

a) SEM is observation around the mean
b) Standard deviation is measure of reliability of SEM
c) Is bigger than SD
d) SEM is calculated as square root of variance
e) Standard deviation advantage can be math manipulated

**92. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;**

a) Enuresis

**93. Patient with heart disease complain of lower limb ischemia your advice**

a) Refer to cardiology
b) Refer to vascular surgery
c) Start heparin

**94. Patient with severe headache and decrease in visual acuity, pupil is dilated, so treatment?**

a) **Pilocarpin drop and ophthalmology referred**
b) Ergotamine
c) NSID

**95. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:**

a) Colon
b) **Bladder**
c) Liver

**96. Major aim of PHC in Saudi Arabia :**

a) To provide comprehensive maternal & child health

**97. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do**

a) Topical steroid
b) Topical antibiotics
c) **Oral antibiotics**
d) Nothing

**98. Secondary prevention in breast cancer?**

a) No answer was written

**99. 17ears old, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:**

a) Give her double dose vaccine
b) **Give her the second dose only**
c) Revaccinate from start
d) See if she has antibody and act accordingly

**100. There is outbreak of diphtheria and tetanus in community, regarding to pregnant woman:**

a) contraindication to give DT vaccine
b) if exposed , terminate pregnancy immediately
c) if exposed , terminate after 72 hour
d) **Give DT vaccine anyway**

**101. Mother who is breast feeding and she want to take MMR vaccine what is your advice:**

a) **Can be given safely during lactation**
b) Contain live bacteria that will be transmitted to the baby
c) stop breast feeding for 72 hrs after taking the vaccine

**102. Child with positive skin test of TB and previously it was –ve, what is the treatment of this child?**

a) **INH alone**
b) INH + Rifampicin
c) INH + Rifampicin+ streptomycin
d) no treatment
e) Full regimen for TB

**103. Male patient known case of DM II come with Hb A1C: 8%, he is taking metformin & glibenclamid, to regulate the blood sugar need:**

a) **Insulin**
b) Metformin & acarbose

**104. Epidemiological study for smoker said there is 10,000 person in the area , at start of the study there is 2000 smoker, at the end of the study there is 1000 smoker, the incidence of this study is :**

a) 10%
b) 12.5%
c) 20 %
d) 30%

**105. Patient present to you, when you see his case, you discover that patient has terminal stage of chronic illness, how to manage this patient:**

a) Make him go to the home.

**106. Female patient known to you since 3 years ago has IBS, she didn't agree with you about that, you do all the investigation nothing suggestive other than that, she wants you to refer her. at this case ,what you will do**

a) You will response to her & refer her to the doctor that she is want
b) You will response to her & refer her to the doctor that you are want.

**107. Patient had pain in the back, neck, abdomen and upper limb. You gave the patient a follow up in the clinic, but still the patient is complaining and concerning of the pain. What is your diagnosis?**

a) Chronic pain syndrome
b) Somatization dissoreder

**108. Young man with pleurisy best management:**

a) NSAIDs
b) Acetaminophen
c) Cortisone

**109. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful :**

a) Asking more details about headache
b) Do MRI or CT scan
c) Skull x ray
d) LP

**110. What is the name of questionnaire that differentiates between primary and sleep apnea?**

a) Polysomnography

**111. 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommendation :**

a) advise him to exercise
b) Stop smoking
c) wear sunscreen

**112. Outbreak and one patient come to doing tuberculin test and its negative, what to do?**

a) BCG
b) Isoniazid

**113. Strongest method to prevent the disease**

a) Immunization
b) Change health behavior of PPls

**114. Secondary prevention is best effective in:**
a) DM
b) Leukemia
c) Pre-eclampsia
d) Malabsorption

**115. Secondary prevention is least likely of benefit in :**
a) Breast cancer
b) Leukemia
c) DM
d) Toxemia of pregnancy

**116. An example of secondary prevention is:**
a) Detection of asymptomatic diabetic patient
b) Coronary bypass graft
c) Measles vaccination
d) Rubella vaccination

- **Primary prevention: Action to protect against disease as immunization. , Action to promote health as healthy lifestyle.**
- **Secondary prevention: Identifying & detecting a disease in the earliest stage before symptoms appears, when it is most likely to be treated successfully (screening)**
- **Tertiary prevention: Improves the quality of life of people with various diseases by limiting the complications.**

**117. All are primary prevention of anemia except:**
a) health education about food rich in iron
b) iron fortified food in childhood
c) limitation of cow milk before 12 month of age
d) Genetic screening for hereditary anemia
e) Iron, folic acid supplement In pregnancy and postnatal

**118. What is the definition of epidemical curve**
a) Graphic registration of disease through a period of time

**119. Perinatal mortality:**
a) Includes all stillbirth after the 20th week of pregnancy
b) Includes all neonatal deaths in the 1st 8 week of life
c) Includes all stillbirths & 1st week neonatal deaths
d) Specifically neonatal Deaths.
e) Is usually death per 10,000 live births

**120. You asked to manage an HIV patient who was involved in a car accident. You know that this patient is a drug addict & has extramarital relations. What are you going to do?**
a) Complete isolation of the patient when he is in the hospital
b) You have the right to look after the patient to protect yourself
c) You will manage this emergency case with taken all the recommended precautions
d) You will report him to legal authorities after recovery
e) Tell his family that he is HIV positive

**121. 32 years old lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper action?**

a) Bed rest for 7 to 10 days.
b) Traction
c) Narcotic analgesia
d) Early activity with return to work
e) CT scan for lumbosacral vertebrae

**122. You have received the CT scan report on a 34 years old mother of three who had a malignant melanoma removed 3 years ago. Originally, it was a Clerk's level I and the prognosis was excellent. The patient came to your office 1 week ago complaining of chest pain and abdominal pain. A CT scan of the chest and abdomen revealed metastatic lesions throughout the lungs and the abdomen. She is in your office, and you have to deliver the bad news of the significant spread of the cancer. The FIRST step in breaking news is to:**

a) Deliver the news all in one blow and get it over with as quickly as is humanly possible.
b) Fire a "warning shot" that some bad news is coming.
c) Find out how much the patient knows.
d) Find out how much the patient wants to know it.
e) Tell the patient not to worry.

**123. Regarding smoking cessation, the following are true EXCEPT:**

a) The most effective method of smoking control is health education.
b) There is strong evidence that acupuncture is effective in smoking cessation.
c) Anti-smoking advice improves smoking cessation
d) Nicotine replacement therapy causes 40-50% of smokers to quit.
e) The relapse rate is high within the first week of abstinence.

**124. Incidence is calculated by the number of:**

a) Old cases during the study period.
b) New cases during the study period
c) New cases at a point in time
d) Old cases at a point in time.
e) Existing cases at a study period.

**125. Communicable diseases controlled by:**

a) control the source of infection
b) block the causal of transmission
c) protect the susceptible patient
d) all of the above
e) None of the above

**126. Which of the following increases the quality of the randomized controlled study & make it stronger**:

a) Systemic Assignment predictability by participants
b) Open Allocation
c) Including only the participants who received the full intervention
d) Following at least 50 % of the participants
e) Giving similar intervention to similar groups

**127. Treatment of contacts is applied in all of the following except:**
a) Bilharziasis
b) Malaria
c) Hook worm
d) Filariasis.

**128. In ischemic heart disease**
a) Prevalence is the number of case discovered yearly
b) Incidence is new cases yearly
c) There is association between HTN & ischemic heart disease
d) Smoking is an absolute cause if IHD

**129. Prospective Vs Retrospective studies all are true EXCEPT:**
a) Retrospective studies have more bias than prospective studies.
b) In prospective studies, those who enter the group depend whether they the disease or not.
c) Prospective studies are expensive.

- **In prospective studies, those who enter the group depend whether they have the risk factor to be studied or not.**

**130. Male patient complain of excruciating headache, awaken him from sleep every night with burning sensation behind left eye, lacrimation and nasal congestion. What is effective in treating him:**
a) Ergotamine
b) Sumatriptan SC
c) Methylprednisolone
d) NSAID
e) O2

**131. A table about measuring the accuracy of occult blood in detecting polyps with some values asking what's true**

| | disease | Non diseased | |
|---|---|---|---|
| **positive** | 60 | 60 | 120 |
| **negative** | 40 | 940 | 980 |
| | 100 | 1000 | 1100 |

a) Sensitivity 60/100 (50%)
b) Specifity 940/1000 (94%)
c) Positive predictive value 60/120 (50%)
d) Negative predictive value 940/970 (96%) ?
e) Prevalence can't be determined

**132. osteoporosis risk, According to above graph**
a) 18 % develop osteoporosis after age of 80
b) 80 % of elderly have osteoporosis
c) Age directly related to risk of osteoporosis
d) Pt after 80 at high risk of osteoporosis

**133. Likelihood ratio of a disease incidence is 0.3, mean**
a) large increase
b) small increase
c) no change
d) small decrease
e) large decrease

**134. secondary prevention one true:**
- a) physician screening quetionaire about the use of tobacco is sufficient
- b) the screening of colon cancer is insufficient
- c) the screening of breast cancer is decreasing

**135. 2ry prevention:**
- a) Cardiac bypass graft surgery.
- b) Immunization.
- c) Detection of asymptomatic diabetic patients

**136. Graph showing on x axis and increased risk of osteoporosis :**
- a) answer was that women above 80 are at the greatest risk of osteoprosis

**137. Osterporosis excersie intervention to increase muscle and bone dinsity :**
- a) high wieght and low reptition
- b) low weight high reptition
- c) low resistance and conditioning
- d) No freaking idea

**138. All of the follwing will help to prevent poor medication compliance except:**
- a) convenient appointments
- b) clear written instructions
- c) making patient active participant
- d) warning against the adverse effects of not taking the medications

**139. Case control study is :**
- a) you start from outcome and look for exposures

**140. Most effective method for health education**
- a) Mass media
- b) Group discussion
- c) Internal talk

**141. study done on 10,000 people for about 3 years in the beginning of the study 3,000 developed the disease and 1,000 on the end of the study what is the incidence:**
- a) 10.3%
- b) 12.5%
- c) 20%

**142. 25y male presented with scrotal swelling notice before 1 day, no pain, tenderness or urinary symptoms. What the management?**
- a) Referral to do US and consultation the surgery
- b) referral to do biopsy

**143. 10 years old child brought by his parents because they were concern about his weight, he eats a lot of fast food and French fries, your main concern to manage this patient is :**
- a) His parents concerning about his weight
- b) His BMI > 33
- c) Family history of heart disease
- d) Eating habit ( fast food , French fries )

**144. 12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?**

a) His parent desire
b) Family history of early CVA
c) **High BMI**

**145. 19 years sexually active lady came for her annual check-up, she is otherwise healthy using no contraceptive, her pap smear and all investigations are normal. What will you suggest regarding her next check-up?**

a) after 6 months
b) after 1 year
c) **after 3 years**
d) after 5 years

**146. In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?**

a) 20%
b) 40%
c) 60%
d) 80%
e) 90%

**147. Prospective study of 10,000. From the start of the study 2000 were already diabetic, additional 1000 thousand had diabetes by the end of the study. What is the incidence of diabetes?**

a) 5 %
b) 12.5 %
c) 25 %
d) 50 %
e) 75 %

CHAPTER

9

# Psychiatry

**1. In battered women which is true:**
a) Mostly they come from poor socioeconomic area
b) Usually they marry a second violent man
c) Mostly they come to the E/R complaining from other symptoms
d) **Mostly they think that the husband respond like this because they still have strong feeling for them**

**2. Obsessive neurosis patients will have:**
a) **Major depression**
b) Lake of insight
c) Schizophrenia

**3. Before giving bipolar patient lithium you will do all of the following except:**
a) TFT
b) **LFT**
c) RFT
d) Pregnancy test

**4. Antidepressants associated with hypertensive crisis treatment**
a) SSRI
b) **MOAIs**
c) TCAs

**5. Partner lost his wife by AMI 6 months ago , presented by loss of appetite , low mood , sense of guilt , what is the diagnosis:**
a) **Bereavement**
b) Major depression episode.

- **Major depression is a psychiatric condition that occurs regardless of events that happen in life, while normally most people would have bereavement after death of a close person.**

**6. 22 years old complaining of insomnia & sleep disturbance, what is the treatment?**
a) **SSRI**

**7. The initial management of insomnia:**
a) **Good sleep hygiene.**

**8. Side effect of diazepam**

- **Sedation, dependence, respiratory suppression, anterograde amnesia, confusion (especially pronounced in higher doses)**

**9. Generalized anxiety disorder best treatment:**
a) **SSRI**
b) TCA
c) MAOI

**10. About antidepressant:**
a) **Start single type even patient have sever depression**
b) Start any one of them they all have the same efficacy
c) Stop the medication after 2 weeks if no improvement

**11. Major depression management:**
a) Initial MONOTHERABY even sever depression
b) Treatment should be change if no response during 2wk (AT LEAST 6 WEEKS)
c) **Psychotherapy, medication, and electroconvulsive therapy**

- **Major depression management:**
- **Pharmacotherapy: effective in 50 – 70% .allow for 6 weeks to take effect, treat more than 6 months (SSRI, TCAs, MAOIs)**
- **Psycotherapy: psychotherapy combined with antidepressant is more effect than either treatment alone**
- **Electroconvulsion ( ECCT )**
- **Phototherapy: effective for pt. who has a seasonal pattern**

**12. Chronic psychotic disorder managed by**
a) **Haloperidol**

**13. Major depression disorder treatment**
a) **Citalopram**

**14. Patient having major depression and taking medicine for it ,, after taking medicine she is complaining of insomnia and irritable ,which med she is taking**
a) **SSRI**
b) TCA
c) MAO
d) ECT

**15. Why SSRI are the 1 st line treatment of major depression?**
a) less expensive
b) **Most tolerable and effective**

**16. Psychiatric pt with un compliance of drugs ttt:**
a) **Depo halopredol injection**
b) Oral colonazepam

**17. Patient with depression started on amitriptyline , he had headache or dizziness , vomiting "I am not sure what exactly was the symptoms"**
a) **Change to SSRI**

**18. Unfavorable prognosis for schizophrenia:**
a) **Family history**
b) Failed marriage
c) Adolescence age
d) Presence of psychosis

- **Good Prognosis:**
  - **Acute onset with obvious precipitating factors, sudden onset, less damage.**
  - **Good premorbid personality, it is a general role in all psychiatric disorders.**
  - **Mood symptom "depression", indicates high insight & vise versa.**
  - **Paranoid subtype , Less severe= better insight , more severe= low insight**
- **Poor Prognosis:**
  - **Insidious onset with no precipitating factors gradual onset more damage**
  - **Earlier age of onset**
  - **Family history of schizophrenia**
  - **Hebephrenic & simple schizophrenia**

**19. Alternative therapy for severe depression and resistance to anti-depressant medications are:**
a) SSRI
b) TCA
c) **EC**

**20. Which of the following indicates good prognosis in schizophrenia :**
a) Family history of schizophrenia
b) Gradual onset
c) Flat mood
d) **Prominent affective symptoms**
e) No precipitating factors

**21. SSRI was prescribed to a patient with depression , the effect is suspected to be within :**
a) One day
b) Two weeks
c) **Three to four weeks.**

- **Allow 2 – 6 weeks to take effect and treat for > 6 months**

**22. Which of the following personality is characterized by inflexibility, perfectionism?**
**a)** Narcissistic personality disorder
b) Borderline personality disorder
c) **Obsessive compulsive personality disorder**
d) Histrionic personality disorder

- **Obsessive compulsive personality characterized mainly by perfectionism**

**23. Best drug to treat depression in children and adolescent is:**
a) **Fluxetine (Prozac)**

**24. Patient had history of pancreatic cancer on chemotherapy then improved completely came to doctor concerning about recurrence of cancer and a history of many hospital visits. This patient has:**
a) Malingering
b) **Hypochondriasis**
c) Factitious
d) Conversion

**25. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:**
a) **SSRI**
b) TCA
c) B-blocker
d) MAOI

**26. Patient came with hallucination and illusion the medication that should be given is:**
a) Carbamezapin
b) **Haloperidol**

**27. Recent study revealed that anti-psychotic medication cause the following complication:**
a) **Weight gain**
b) Alopecia
c) Cirrhosis

**28. Female patient developed extreme fear from zoo, park, sporting events, the fear prevented her from going out:**

a) **Agoraphobia**
b) social phobia
c) schizophrenia

- **Agoraphobia: fear going out from the home**

**29. Which psychiatric disease is treated with electroconvulsive therapy :**

a) Paranoia
b) **Major depression**

**30. Patient turns to be erratic, for 4 month he said that's people in TV knows what people are thinking about, in last 2 month he claim that he has special power that no one has what is the most likely diagnosis?**

a) Uni-polar ….. depression
b) Bipolar …. Mania
c) **Schizophrenia**

**31. In dementia, best drug to use :**

a) Haloperidol
b) **Galantamine**

- **Treatment of dementia is cholinesterase inhibitor (galantamine, donepezil, rivastigmine and tracing )**

**32. Patient with mushroom toxicity will present with**

a) Constipation
b) **Hallucination**
c) Anhidrosis

**33. 12 years old boy is mocked at school because he is obese , ate a lot of pill to sleep and never wake up again , best management is :**

a) **Refer to mental professional**
b) Tell him that most kid grow out before they grow up
c) Advice healthy food

**34. Man walking in street and saying bad words to stranger , he is not aware of his conditiond , what is the description :**

a) flight of idea
b) insertion of idea
c) **Loosening of association**

**35. What is the mechanism of OCD drugs?**

a) **Increase availability of Serotonin**
b) Decrease production of Serotonin
c) Increase production of Serotonin

**36. Young female become flushing face and tremors when she talks to anyone what is the treatment?**

a) **Beta blocker (there is no SSRI in choices)**

**37. A 60 years old patient with history of heart attack 6 weeks ago, complaining of not getting enough sleep. Psychiatric evaluation is unremarkable for depression or anxiety, what should be given to this patient?**

a) Amytriptiline
b) Buspirone
c) Buprionfe
d) **Zolbidem**

- **Insomnia in patients with heart transplantation and cardiac disease is a common problem. Organic factors, immunodepressant medication (e.g. ciclosporine and steroids) and psychological factors may account for this symptom. For short-time treatment, medication with benzodiazepine hypnotics may be useful such astemazepam, flunitrazepam, triazolam, flurazepam, midazolam, nitrazepam, and quazepam**
- **If the problems of drug dependence and rebound insomnia are taken into consideration, treatment with non-benzodiazepine hypnotics "such as zolpidem, zaleplon zopiclone and eszopiclone" offers more safety and comfort**
- **If insomnia is part of a depressive syndrome, pharmacotherapeutical intervention with antidepressive sedative medication is required.**

**38. Young female with BMI 18, fine hair allover body, feeling of she is fat, doesn't eat well with excessive exercise...**

a) **Anorexia nervosa**
b) Body dysmorphic disorder
c) Bulimia nervosa

**39. A 25 year old secondary school teacher that every time enters the class starts sweating and having palpitation, she is a fired to give wrong information and be unparsed. What is the diagnosis?**

a) Specific Phobia
b) **Social Phobia**

**40. A patient is having a 2 year history of low interest in live, he doesn't sleep well and can't find joy in life, What is the most likely diagnosis:**

a) **Dysthymia**
b) Major depressive disorder
c) Bipolar disorder

**41. Which of the following antidepressant is not given in erectile dysfunction?**

a) **Sertraline**
b) Amytriptaline
c) Butriptyline

**42. Patient complaint of loss of association and cirumstantionciality the defect in**

a) **Form**

- **FORM: loss of association, circumstanciality, neologism and flight of idea**
- **CONTENT: delusion, obsession and phobias.**

**43. 44 years old a mother of 3 presented with bouts of shortness of breathefatigue dizziniss chest discomfort. She thinks about her jobe and children a lot. she is doing well at her job:**

a) Depression
b) Panic attack
c) **Generalized anxiety disorder**
d) Social phobia

**44. Best treatment of bulimia nervosa**

a) **Cognitive behavior therapy**

**45. Which of the following could be seen in patient with bulimia**

a) **Hypokalmeia.**
b) Metabolic acidosis.

- **Bulimia is akabing eating which means the patient eats a lot then does forced vomiting so there is loss of acids & electrolytes which leads to hypokalemia & metabolic alkalosis.**

**46. Which of the following antipsychotic associated with weight gain:**

a) Respiridone
b) Quitapine
c) **Olanzipine**
d) Ziprasidone

**47. 60 year old male come with depressed mood , loss of interest , sleep disturbance after dying of his son 3 months back after long period of suffering of disease >>>what is your diagnosis**

a) **Bereavement**

**48. Adult male complain of inability to sleep as usual. every night he should check that the light is off , oven is off and his child sleep this occur also at morning and every day .he cannot sleep if he didn't do this , he know this is abnormal behavior and feeling bad of his state , diagnosis :**

a) Generalized anxiety disorder
b) Depression
c) **Obsessive compulsive disorder**

**49. Patient came with expressive talking and unable to concentrate in one topic. Dx**

a) **Flight of Ideas**
b) Insertion of ideas

**50. Patient came to you complaining of hearing voices, later he started to complain of thought get into his mind and can be taken out**

a) **SCZ**
b) Mood
c) Mania
d) Agoraphobia

**51. Female had history of severe depression, many episodes, she got her remission for three months with Paroxitine (SSRIs), now she is pregnant, your advise**

a) Stop SSRi's because it cause fetal malformation
b) Stop SSRi's because it cause premature labor
c) **Continue and monitor her depression**
d) Stop SSRIs

**52. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :**

a) Respiredone
b) **Colzapine**
c) Amisulpride

**53. Patient with 2 month insomnia, memory is intact, with symptoms of psycosis mx :**

a) Lithium
b) **Carbazepine**
c) Venlafaxine

**54. What comes with bulimia?**

a) **Elevated liver enzymes**

**55. One of these anti.psycotic is the least to cause tradive dyskinesia :**

a) **Clozapine**
b) Haloperidol
c) Resperidone

**56. What is the best treatment of somatization?**

a) **Multiple appointment**
b) Multiple telephone calling
c) Antideppresant
d) Send him to chronic pain clinic.

**57. A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:**

a) Generalized anxiety disorder
b) **Performance anxiety**
c) Agoraphobia
d) Depression

**58. A woman who lost her husband 2 weeks ago she is unable to sleep at all you will give her:**

a) Floxitine
b) **Diazepam**
c) Haloperidol
d) Amytriptaline

**59. Which of the following with antipsychotic medication have rapid onset of action?**

a) Sublingual
b) Oral
c) **IM**
d) IV

**60. Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:**

a) No risk
b) **Become greater**
c) Become lower
d) No change

**61. Treatment of mania that does not cause hepatotoxicity**

a) **Lithium**

**62. Tyramine increases the side effects of:**

a) **MAO inhibitors**

**63. A 70 year old female brought to your clinic by her daughter. The daughter said her mother's memory deteriorated in the last 2 years. She can cook for her self but sometimes leave the oven on. She can dress herself but with difficulties. The daughter mentioned that her mother's personality changed into a more aggressive person (patient has Alzehimer's disease). According to this history what is your appropriate management?**

a) Prescribe diazepam for the daughter and haloperidol for the mother
b) Refer the mother into chronic illness institute
c) **Refer the mother to geriatric clinic**
d) Immediate hospitalization

**64. A man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:**

a) **Hallucination**
b) Delusion
c) Illusion
d) Ideas of reference
e) Depersonalization

**65. A female patient present to you complaining of restlessness, irritability and tachycardia. Also she has excessive worries when her children go outside home. What's your diagnosis?**

a) Panic disorder
b) **Generalized anxiety disorder**

**66. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. Examination was unremarkable except for jaundice. What's your diagnosis?**

a) Major depressive disorder
b) Mood disorder due to medical illness
c) **Adjstment disorder, depressed type**

**67. 43 years old female patient presented to ER with history of paralysis of both lower limbs and paresthesia in both upper limbs since 2 hours ago, she was seen lying on stretcher & unable to move her lower limbs (neurologist was called but he couldn't relate her clinical findings 2 any medical disease !!! ) when history was taken , she was beaten by her husband … the most likely diagnosis is :**

a) Complicated anxiety disorder
b) Somatization disorder
c) **Conversion disorder**
d) Psychogenic paralysis
e) Hypochondriasis

**68. The best treatment for the previous case is :**

a) Benzodiazepines
b) Phenothiazine
c) Monoamine oxidase inhibitor
d) Selective serotonin reuptake inhibitor
e) **Supportive psychotherapy**

**69. 65 years old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best treatment for her is:**

a) **Lorazipam**
b) Floxitein
c) Chlorpromazine
d) Haloperidol

**70. 28 years old lady, complaining of chest pain, breathlessness and feeling that she'll die soon. On examination just slight tachycardia otherwise unremarkable, what is the most likely diagnosis?**

a) **Panic disorder**

**71. Lady on Imipramine feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :**

a) **Orthostatic hypotension**

**72. What is the most appropriate treatment for the above patient:**

a) Antiemetic
b) Antihistamine
c) **Change the antidepressant to SSRI**
d) Thiazide diuretics
e) Audiometry

**73. Generalize anxiety disorder best treatment:**

a) **SSRI**
b) TCA

**74. Generalized anxiety Tx is**

a) **Buspirone or SSRI**

**75. A mother came with her son who is 7 years old very active never sitting in class and with poor concentration. Your management would be.**

a) Olanzapine
b) **Amitilyne**
c) Aloxane

**76. 80 years old living in nursing home for the last 3 months. His wife died 6 months ago and he had a cornary artery disease in the last month. He is now forgetful especially of short term memory and decrease eye contact with and loss of interest. Dx**

a) Alzihiemer
b) **Depression**
c) Hypothyroidism

**77. Hallucinations and Paranoia:**

a) **SCZ**
b) Mood
c) Mania
d) Phobia

**78. Obsessive neurosis:**

a) Treatment is easy
b) Clomipramine doesn't not work
c) **Mostly associated with severe depression**
d) Can be cured spontaneously

**79. Patient developed sudden loss of vision bilaterally while she was walking in the street, followed by numbness, the subjective symptoms are different from objective, and does not match anatomical, what is the diagnosis?**

a) **Conversion syndrome**

**80. The best initial TTT for depression is:**
- a) SSRIs
- b) Tricyclic depressant
- c) MAO inhibitors
- d) Beta blocker

**81. 25 year teacher have fear attack and worry before enter the class, what is the initial treatment?**
- a) Selective serotonin reuptake inhibitor
- b) Tricyclic depressant
- c) Beta blocker

**82. Female with hair on different site of body and refuse intake of food and BMI<18 and feel as body is fat so diagnosis**
- a) Anorexia nervosa
- b) Bulimia nervosa
- c) Body dimorphic syndrome
- d) Anxiety

**83. Effect of Fluoxetine start after**
- a) 1-2 weeks
- b) 3-4 weeks

- **Prozac (fluoxetine) is an SSRI antidepressant, it may take a week or two after starting this treatment before you feel the benefit.**

**84. What is the effective half life of Fluoxetine "Prozac" :**
- a) 2 hours
- b) 18 hours
- c) 2 days
- d) 6 days
- e) 8 days

- **Half life of fluoxetine 1–3 days (acute), 4–6 days (chronic)**

**85. What is the effective half life of stertaline :**
- a) 2 hours
- b) 18 hours
- c) 2 days
- d) 8 days

**86. 29 years old teacher has recurrent attacks of intense fear before the beginning of her classes in the 2ry school, She said: Its only a matter of time before I do mistakes , Dx :**
- a) Specific phobia
- b) Social phobia
- c) Mixed phobia
- d) Panic attacks with agoraphobia
- e) Panic without agoraphobia

**87. Psycatric patient on antipsychotic drug most drug that lead to impotence with antipsychotic is**
- a) Propranolol
- b) NSAI
- c) ACEI

**88. The best treatment for the previous patient :**

a) Alprazolam
b) Aropranolol
c) Chlorpromazine
d) Clomiprimine

- **1st choice in medication : SSRIs "paroxetine, stertaline, fluvoxamine or fluoxetine"**

**89. Patient with schizophrenia, the best prognostic sign is:**

a) Gradual onset
b) Family history of schizophrenia
c) Age of the patient
d) **Coincidence of other psychological problems**

**90. Regarding antidepressant side effects, all of the following are true EXCEPT:**

a) Anticholinergic side effect tend to improve with time
b) Sedation can be tolerated by prolonged use
c) Small doses should be started in elderly
d) Fluxetine is safe drug to use in elderly
e) **all true**

**91. One of the following is secondary presenting complaint in patient with panic attack disorder:**

a) Dizziness
b) Epigastric pain
c) Tachycardia
d) Chest pain
e) **Phobia**

**92. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:**

a) **SSRI**
b) TCA
c) B-blocker
d) MAOI

- **Beta-adrenergic antagonists are used to treat some physical features of anxiety (palpitation, tremor)**
- **The indication of antipsychotic drugs**
  1) **Functional Psychosis :**
     - Schizophrenia
     - Mania
     - Schizoaffective disorders
     - Schizophreniform disorder
     - Brief psychosis
     - Delusinal disorders
  2) **Violence, agitation and excitement**
  3) **Organic Psychosis**
     - Delirium
     - Intoxication with substances
     - Dementia
  4) **Medical uses: e.g. nausea, vomiting, poor appetite**

**93. In case of failure of anti psychotic drugs use**
a) Person-centered psychotherapy
b) Pect
c) **Behavirola therapy**

**94. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:**
a) **SSRI**
b) TCA
c) B-blocker
d) MAOI

**95. Treatment of GAD it should be SSRI**
a) TCA
b) **Bezaodazipines**
c) Busrilon

**96. Electroconvulsive therapy indications are :**
a) Rapid
b) Highly effective
c) Lifesaving

- **Indications**
  1) **Sever depression.**
  2) **Sevre mania**
  3) **Initial ttt in catatonic schizophrenia until drugs start to work.**
- **Not less than 15-25 sec.**
- **Ultra-short acting anesthesia & O2 mask are need during the procedure.**
- **Usually given twice a week.**
- **Total number of treatments 6-12 (to overcome the risk of relapse)**
- **Disadvantages:**
  1) **Expensive**
  2) **Unacceptable to society**
  3) **The patient needs admission**
  4) **High risk or relapse & the patient need many scions**

**97. 70 years old with progressive dementia , no personality changes , neurological examination was normal but there is visual deficit , on brain CT shower cortex atrophy and ventricular dilatations :**
a) Multi micro infract dementia
b) **Alzehimer dementia**
c) Parkinsonism dementia

**98. 70 years old with progressive dementia , on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen : Dx**
a) Lewy dementia
b) Parkisonism
c) **Alzehimer**

**99. You prescribed paroxitne to depressed man , u should inform him that**
a) **Drug starts to work after 3-4 weeks**

**100. Patient complain from diplopia nausea, vomiting, back pain:**
a) **Somatization disorder**

**101. 20 years old lady thinks that she's fat although her height and weight are ok:**
a) Bulimia
b) **Aneroxia nervosa**
c) Depression

- **Psychiatry typical features of aneroxia nervosa where the patient senses that he or she is fat despite being thin. Bulimia is people who vomit what they eat.**

**102. Delusion**
a) Perception of sensation in absence of an external stimulus
b) Misinterpretation of stimulus
c) **False belief not in accordance of a persons culture**

**103. He has gastric cancer he went to 6 gastroenterologist did 1 CT 1 barium enema and series of investigation all are normal what is the diagnosis?**
a) **Hypochondriasis**
b) Conversion
c) Somatization

**104. Severe postpartum depression mostly associated with:**
a) Decrease socioeconomic class
b) Emotional separation between the patient & his mother
c) **Past history of depression**
d) 1st birth delivery
e) Poor wt gain during pregnancy.

- **A personal history of depression (prior to pregnancy, antepartum or postpartum) is the major risk factor for PPD: one-half of women with PPD have onset of symptoms before or during their pregnancies.**
- **Other risk factors for PPD include: Marital conflict/ Stressful life events in the previous 12 months/ Lack of perceivedsocial support from family and friends for the pregnancy / Lack of emotional and financial support from the partner / Living without a partner/ Unplanned pregnancy / Having contemplated terminating the current pregnancy / Previous miscarriage/ Family psychiatric history/ A poor relationship with one's own mother/ Not breastfeeding/ Unemployment in the mother (no job to return to) or in the head of household/ A lifetime history of depression in the husband or partner/ Child-care related stressors/ Sick leave during pregnancy related to hyperemesis, uterine irritability, or psychiatric disorder/ High number of visits to prenatal clinic/ A congenitally malformed infant/ Personality factors (high neuroticism and high introversion)/ Personal history of bipolar disorder.**

**105. Anorexia nervosa, all true except:**
a) Lethargy
b) Langue hair
c) Amenorrhea
d) Young female
e) **All are true**

**106. Hopelessness most predictor:**
a) **Suicide**
b) Impulse control problem

**107. Characteristic feature of major depressive illness is:**

a) Late morning awakening
b) Hallucination and flight of ideas
c) High self-esteem
d) Over-eating
e) Decreased eye contact during conversation.

- **Diagnostic criteria for depression "list of ten depressive symptoms"**
- **persistent sadness or low mood;and/or**
- **loss of interests or pleasure**
- **Fatigue or low energy**
- **At least one of these, most days, most of the time for at least 2 weeks**
- **Associated symptoms**
  1) **disturbed sleep**
  2) **poor concentration or indecisiveness**
  3) **low self-confidence**
  4) **poor or increased appetite**
  5) **suicidal thoughts or acts**
  6) **agitation or slowing of movements**
  7) **guilt or self-blame**
- **The 10 symptoms then define the degree of depression and management is based on the particular degree**
- **Not depressed (fewer than four symptoms)**
- **Mild depression (four symptoms)**
- **Moderate depression (five to six symptoms)**
- **Severe depression (seven or more symptoms, with or without psychotic symptoms)**
- **Symptoms should be present for a month or more and every symptom should be present for most of every day**

**108. A male presented with headache, tinnitus and nausea thinking that he has a brain tumor. He had just secured a job in a prestigious company and he thinks that he might not meet itsstandards. CNS exam, CT all within normal. What is the Diagnosis :**

a) Generalized Anxiety disoreder
b) Hypochondriasis
c) Conversion reaction
d) Panic attack

- **Diagnostic criteria for hypochondriasis include the following:**
- **The patient has a preoccupying fear of having a serious disease.**
- **The preoccupation persists despite appropriate medical evaluation and reassurance.**
- **The belief is not of delusional intensity (as in delusional disorder, somatic type) and is not**
- **Restricted to a concern about appearance (as in persons with BDD).**
- **The preoccupation causes clinically significant distress or impairment.**
- **The preoccupation lasts for at least 6 months.**
- **The preoccupation is not explained better by another mood, anxiety, or somatoform disorder.**

**109. Known risk factors for suicide include all the following EXCEPT:**

a) Repeated attempts at self injury.
b) Male sex.
c) Symptoms of depression with guilt.
d) Drug and alcohol dependence.
e) If the doctor asked the patient about suicide.

**110. 65 years old male with hypertension, congestive heart failure and peptic ulcer disease came to your office for his regular blood pressure check. Although his blood pressure is now under control, he complains of an inability to maintain an erection. He currently is taking propranolol, verapamil, hydrochlorothiazide, and ranitidine. On examination his blood pressure is 125/76 mmHg. His pulse is 56 and regular. The rest of the cardiovascular examination and the rest of the physical examination are normal. Which of the following generally considered the MOST common cause of sexual dysfunction?**

a) **Pharmacological agents.**
b) Panic disorder
c) Generalized anxiety disorder
d) Major depressive disorder
e) Dysthymic disorder

- **The most common cause of sexual dysfunction is psychological disease.**
- **Dysthymic disorder is one of mood disorders, has similar symptoms of major depressive disorder, but less in severity, present at least for 2 years. Symptoms free period are possible but may not exceed 2 months in 2 years time frame.**

**111. 26 years old patient came to your office with recurrent episodes of binge eating (approximately four times a week) after which she vomits to prevent weight gain. She says that "she has no control" over these episodes and becomes depressed because of her inability to control herself. These episodes have been occurring for the past 2 years. She also admits using self- induced vomiting, laxatives, and diuretics to lose weight. On examination, the patient's blood pressure is 110/70 mmHg and her pulse is 72 and regular. She is not in apparent distress. Her physical examination is entirely normal.What is the MOST likely diagnosis in this patient?**

a) Borderline personality disorder
b) Anorexia nervosa
c) **Bulimia nervosa**
d) Masked depression.
e) Generalized anxiety disorder

**112. 23 years old female came to your office with a chief complaining of having "a peculiarly jaw". She tells you that she has seen a number of plastic surgeons about this problem, but "every one has refused to do anything". On examination, there is no protrusion that you can see, and it appears to you that she has a completely normal jaw and face. Although the physical examination is completely normal, she appears depressed.What is the MOST likely diagnosis in this patient?**

a) Dysthymia
b) Major depressive disorder with somatic concerns
c) Somatization disorder
d) **Body dysmorphic disorder**
e) Hypochondriasis.

- **Body dysmorphic disorder: persistent preoccupation with an imagined bodily defect, ugliness or an exaggerated distortion of a minimal existing defect that the patient feels noticeable to others.**
- **Hypochondriasis: intense over concern & preoccupation with physical health and/or excessive worry about having a series physical disease. The preoccupation persist inspite of medical reassurance, & causes social & occupational dysfunction.**

**113. How to treat social phobia?**

a) **Propranolol**

**114. Hypochondriasis, all true except:**
a) More common in medical students
b) Less common in male
c) More common in lower social class
d) Defined as morbid preoccupation of one's body or health

- **Hypochondriasis appears to occur equally in men and women "medscape"**

**115. Family behavior toward schizophrenic patient affect prognosis adversely:**
a) Double binding
b) Over emotion behavior
c) Schismatic parents
d) Projective identification

**116. The investigation to confirm Alzheimer's:**
a) CT of the brain
b) EEG
c) Neurological examination
d) Lab investigations

**117. Female patient manger since short time, become depressed, she said she can't manage the conflicts that happen in the work between the employees. Diagnosis:**
a) Depression
b) Generalized anxiety disorder
c) Adjustment Disorders

**118. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation.Diagnosis:**
a) Premenstrual dysphoricdisorder if sever symptoms (or premenstrual syndrome)

**119. Female patient complaining of thirsty & drink a lot of water & frequent urination , she has a history of diagnosed as bipolar since ( 2 week ) ,start with a medication of lithium,**
a) Psychogenic polydipsia
b) Central diabetes insipidus
c) Nephrogenic diabetes insipidus

- **Lithium-induced nephrogenic DI may be effectively managed with the administration of amiloride, a potassium-sparing diuretic often used in conjunction with thiazide or loop diuretics.**

**120. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that ?he said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when was child, what is the diagnosis?**
a) Visual hallucination
b) Auditory hallucination
c) Psychosis

**121. 50 years old patient complaining of episodes of erectile dysfunction, hx of stree attacks and he is now in stress what you will do?**
a) Follow relaxation strategy
b) Viagra
c) Ask for invx include testosterone

**122. Patient has fear, SOB, sweating when he is in automobile**

a) **Specific phobia**
b) Panic disorder
c) Generalized anxiety disorder
d) Post traumatic stress disorder

**123. Treatment of hallucination and delusion**

a) **Antipsychotic**

**124. The beast way to treat pinged induce nervosa**

a) Interpersonal psychotherapy
b) **Cognitive behavior therapy**
c) Pharmacotherapy

**125. The drug used in maintenance phase of bipolars :**

a) **Lithium**
b) Na volabrate

**126. The antidepressant used for secondary depression that cause sexual dysfunction**

a) Sertatline
b) **Imipramine**
c) Levofluxine

**127. Old male post-operative complains of hallucination, loss of attention, diagnosis is**

a) **Delirium**

**128. Antidepressant drug safe for adolescent and children**

a) **SSRI**

**129. Patient has Alzheimer disease and hallucination and delusion ttt:**

a) **Haloperidol**

- **Antipsychotic drugs are modestly useful in reducing aggression and psychosis in Alzheimer's patients with behavioral problems**

**130. Brain imaging showing evidence of fold infarction or extensive deep white matter changes secondary to chronic ischemia. Obsessive neurosis:**

a) Treatment is east
b) Clomipramine doesn't not work
c) **Mostly associated with severe depression**
d) Can be cured spontaneously

**131. This is a case of social phobia and the initial treatment is**

a) **SSRIs**

**132. About general fatigue syndrome is true:**

a) Antibiotics may be beneficial
b) **Anti depressant may be beneficial.**

**133. Patient is afraid of germs**

a) **Specific phobia**

134. **87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal**

a) **Alzheimer disease**
b) Multi-Infarct Dementia
c) Parkinsonism dementia

- **Alzheimer dementia: most common cause of dementia. Age and family history are risk factors for AD. Etiology unknown but toxic b-amyloid deposit in brain. Present with amnesia for newly acquired information is usually the first presentation, followed by language deficit, acaluia, depression, agitation and finally apraxia (inability to perform skilled movement). Diagnosis by exclusion that can be definitive diagnosis only on autopsy: suggested by clinical feature and by progressive cognitive course without substantial motor impairment. MRI & CT may show atrophy, venticule enlargement and can rule out other causes. On brain microscopy amyloid plaques and neurofibrially tangle. Death usually occurring secondary to aspiration pneumonia. treatment by supportive therapy for Pt. and family , and cholinesterase inhibitor**
- **Multi micro infarct dementia (vasculardemensia) dementia associated with history of strok. Criteria for vascular dementia include presence of dementia and 2 or more of the following:focal neurological signssymptoms onset that was abrupt , stepwise, or related to stroke .**

135. **Anxiety treatment is:**

a) Lorazepam
b) **alprazolam**

- **Alprazolam is recommended for the short-term treatment (2–4 weeks) of severe acute anxiety**
- **Treatment Options: The standard current approach to most anxiety disorders is a combination of cognitive-behavioral therapy (CBT) with medications, typically a selective serotonin reuptake inhibitor (SSRI) or, less commonly, a tricyclic antidepressant**
- **Lifestyle Measures: A healthy lifestyle that includes exercise, adequate rest, and good nutrition can help to reduce the impact of anxiety attacks. Rhythmic aerobic and yoga exercise programs lasting for more than 15 weeks have been found to help reduce anxiety. Strength, or resistance, training does not seem to help anxiety**

**Treatment Options for Specific anxiety Disorders**

| Anxiety Disorder | Medications | Cognitive-Behavioral (CBT) and other Non-Drug Therapies |
|---|---|---|
| Generalized Anxiety Disorder | Benzodiazepines; buspirone; SSRIs and some tricyclic antidepressants, particularly extended release venlafaxine (Effexor). Antipsychotics in severe cases. Investigative drugs include pregabalin and other anticonvulsants. | Cognitive-behavioral (individual or group), interpersonal therapy, stress management, biofeedback. |
| Panic Attacks | SSRIs are treatment of choice. If patients do not respond to SSRIs, other drugs include beta-blockers, buspirone, benzodiazepines, tricyclics, or anticonvulsants (such as valproate). In 2005, the designer antidepressant venlafaine (Effexor) was approved for panic disorder in adults. Benzodiazepines used only when necessary and for the shortest time possible. | Cognitive-behavioral therapy. Studies suggest that CBT offers the best chance for a persistent response. CBT is also effective in preventing the development of panic disorder in high-risk people and for helping patients withdraw from SSRIs. |
| Phobias | SSRIs, beta-blockers, benzodiazepines. SSRIs are first-line treatments for social anxiety Other drugs include anticonvulsants, newer antidepressants, and MAOIs. | Cognitive-behavioral therapy, hypnosis. CBT may also prevent progression of phobias to full-blown anxiety in high-risk people. |
| Obsessive-Compulsive Disorder | SSRIs are the first choice. Clomipramine (a tricyclic) is alternative. Combinations of these drugs are likely. MAO inhibitors or atypical antipsychotics for those who do not respond to other drugs. Antipsychotics used for tics. | Cognitive-behavioral therapy (exposure and response prevention). |
| Post-traumatic Stress Disorder | Antidepressants, particularly SSRIs (sertraline and paroxetine approved at this time). Clonidine. Sleep medications in certain patients who suffer from sleep disorders. | Cognitive-behavioral therapy (group therapy). Children should particularly start with CBT. Behavioral measures for improving sleep. Single debriefing sessions after major disasters without follow-up appear to provide no benefit to trauma victims and may pose a risk for worse outcome than no intervention at all. |
| Note: For anxiety disorders in adults, the most effective treatments are usually combinations of drugs and behavioral techniques. | | |

**136. Cloazepine used in children for ttt of**
a) **Schizophrenia**

**137. Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also c/o numbness and tingling in her feet , there is discrepancy b/w the complaint and the finding, O/E reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action:**
a) Call ophthalmologist
b) Call neurologist
c) Call psychiatrist
d) **Reassure her and ask her about the stressors**

- **This is a case of conversion disorder**
- **Somatization disorder: female before age 30 years. symptoms include two GIT , four sites of pain , one sexual dysfunction, one pseudoneuron**
- **Conversion disorder: symptoms include voluntary or sensory**
- **Hypochondriasis: fear from life threatening disease**
- **Body dysmorphic disorder: aware from his imaging**
- **Somatoform pain disorder: intensity pain is main symptoms**

**138. Which drug cause hypertensive crises when used with tyramine:**
a) SSRI
b) Tricyclic antidepressant
c) **MAOI**

**139. Patient said that aliens talk to him otherwise he is not complaining of anything...what's the Rx:**
a) Antidepressants
b) Antipsychotic
c) **Behavioral therapy**
d) Chloropromazide

**140. Old lady came to your office with her daughter who said that her mother has behavioral changes “agitation, aggression &poor self care”, you can't do appropriate physical & neurological examination. What’s your next step?**
a) **Antidepressant**
b) Immediate referral to a geriatric physician

**141. Obsessive neurosis:**
a) Treatment is east
b) Clomipramine doesn’t not work
c) **Mostly associated with severe depression**
d) Can be cured spontaneously

**142. Hallucinations and Paranoia:**
a) **SCZ**
b) Mood
c) Mania
d) Phobia

**143. Treatment of severe depression with his resistant to treatment is by:**
a) TCA
b) Electroencephalographic therapy
c) **Electroconvulsive therapy**

**144. 40 years female complaining of thinking a lot in his children future, she is alert, anxious, cant sleep properly, poor appetite, she always make sure that doors in her home are closed, in spite of doors already closed, provisional Dx:**

a) OCD
b) **GAD**
c) Schizophrenia

**145. Patient taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms ( convulsion, dilated pupil, hyper-reflexia and strabismus) the medication is**

a) TCA
b) **SSRI**
c) Hypervitaminosis

**146. 28 years old lady, C/O: chest pain, breathlessness and feeling that she'll die soon..O/E : just slight tachycardia .. Otherwise unremarkable. the most likely diagnosis is:**

a) **Panic disorder**

**147. Antidepressant in elderly :**

a) **Will take time to see effect**

**148. Man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:**

a) **Hallucination**
b) Delusion
c) Illusion
d) Ideas of reference
e) Depersonalization

**149. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. O/E: unremarkable except for jaundice. What's your diagnosis:**

a) Major depressive disorder
b) Mood disorder due to medical illness
c) **Adjustment disorder, depressed type**

**150. Patient with clinical picture of depression more than 6m on examination she found jaundice diagnosis?**

a) **Systemic illness lead to mode disorder**
b) Major depression

**151. 78 old patient start to have memory loss …gradually since 2 yrs back ..but he is capable of doing his daily activity… dressing himself but lately he start to forget the burner on.. and his personality changed from kind and caring father to agg. And irritable…what u will do**

a) Do cost effective Ix
b) **Refer to geriatric**
c) TCA trial
d) Give him Risperidone ( antipsychotic )
e) Arrange to transfer him to caring facility ��true for severe case

- **Demntia case**

**152. Patient of depression taken drug witch cause neutropenia, ECG change etc**

a) SSRI
b) **Clozapine**

**153. Obsessive neurosis:**
a) Treatment is east
b) Clomipramine doesn't not work
c) **Mostly associated with severe depression**
d) Can be cured spontaneously

**154. Patient told you the refrigerator told him that all food inside poisoning:**
a) Audiatory halluscination
b) Delusion
c) **illusion**

- **Note: hallucination: False perception for which no external stimuli exist illusion: It is a false perception with an external stimulus**

**155. young girl who become very stressed during exams and she pull her hair till a patches of alopecia appear how to ttt:**
a) Olanzepin
b) **Fluoxetine**

- **Psycotherapy**

**156. What's true about antipsychotics?**
a) **Predominantely metabloized in the liver**
b) Carbamazepin as a single dose os better than divided doses

**157. Acute onset of disorientation, change level of conscious, decrease of concentration, tremor, he mention that he saw monkey! He was well before. What's the diagnosis:**
a) Parkinson dementia
b) Schizo
c) **Delirium**
d) Delusion disorder

**158. Most common cause of sleeping in daytime is**
a) **Narcolepsy**
b) Mood disturbance
c) General anxiety disorder

**159. Patient exaggerates his symptom when people around :**
a) Somatization
b) **Malingering**
c) Depression

**160. Main difference between dementia and delirium**
a) Memory impairment
b) **Level of consciousness**
c) Aphasia

**161. Patient taking antidepressant drugs works in an office ,, next day when he came ,he told you that he have planned a suicide plan ,, your action is**
a) **Admit to hospital**
b) Counseling
c) Call to police
d) Take it as a joke

**162. Which one of the following below is at risk to commit suicide?**

a) 20 year college boy who had big conflict with his girlfriend
b) 60 years women who is taking antidepressant and newly diagnosed to have osteoporosis
c) Old male I don't remember, he was sick but not that to commit suicide.

**163. 6 months postpartum having hallucination ,delusion ,disorganized thinking and speech , having social and emotional difficulty , having history of child death 3 months ,,, all of the following should be the possibility except**

a) Schizophrenia
b) Schizophreniaformdisorder
c) Brief psychotic disorder
d) Schizoeffective disorder

**164. Patient having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior ,,, associated with above pt should have one more symptom to fit on a diagnosis**

a) Hallucination
b) Dellusion
c) Grandiosity
d) Dellirium

**165. Which one of these drugs is not available as emergency tranquilizer in psychiatric clinics:**

a) Haloperidol
b) Phenobarbital
c) Lorazepam

**166. Old man psych patient, has hallucination, aggressive behavior, loss of memory, Living without care, urinate on himself, what is next step to do for him?**

a) Give antipsychotic
b) Admit him at care center for elderly

**167. What is the mechanism of OCD drugs:**

a) Increase availability of Serotonin
b) Decrease production of Serotonin
c) Increase production of Serotonin

**168. The best drug used in treating schizophrenia, mania and schizophreniform disorders is:**

a) Risperidone
b) Amitriptyline
c) Olanzapine
d) Paroxetine

**169. Best drug to treat depression in children and adolescent is:**

a) Fluoxetine.
b) Olanzapine.
c) Lithium

**170. Obese child are offended by his friends in school because of his weight, he refused to go to school and think of eating medication pills so he can sleep and won't woke up early morning. His mother brought him to you clinic as general physician you will:**

a) **Refer him to a mental health professional.**
b) Tell her that the children sometimes "grow out" rather than "grow up".
c) Teach the mother about healthy diet modification.
d) Start Orlistat.

**171. Fluoxetine half life**

a) **1-4 days**
b) 6-9

**172. 14 years old girl failed in math exam. Then she had palpitations, tachypnea and paresthesia. this is**

a) **Hyperventilation syndrome**
b) Conversion

**173. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx ?**

a) Schizophrenia
b) Schizoaffective
c) Schizophreniform
d) **Psychosis**

- **Postitive symptoms: Hallucinations (most often auditory), delusions, disorganizedspeech, bizarre behavior, and thought disorder**
- **Negative symptoms: Flat affect, emotional reactivity, poverty of speech, lackof purposeful actions, and anhedonia.**
- **Schizophreniform disorder: Symptoms of schizophrenia with duration of < 6 months.**
- **Schizoaffective disorder: Combines the symptoms of schizophrenia with a major affective disorder (major depressive disorder or bipolar disorder).**

**174. The antipsychotic drug have less pyramidal side effect is?**

- **There was significant optimism when they were first developed and it was thought that they represented a breakthrough in the treatment of schizophrenia due to having less extra-pyramidal side effects at therapeutic doses. The extra-pyramidal side effect has been the one significant set of side effect that has led to poor compliance with antipscyhotic medication.**
- **The common atypical antispychotic drugs include risperidone, olanzapine, quetipaine, aripiprazole, zyprasidone, clozapine and amisulpiride.**
- **Antipsychotic drug side effect for onset : 4 hours: Acute dystonia , 4 days: Akinesia , 4 weeks: Akathisia , 4 months: Tardive dyskinesia (often permanent)**

**175. Patient with psychosis on medication developed rigidity and up-rolling eyes , afebrile :**

a) **Tradive dyskinesia**
b) Malignant neuroleptic
c) Hypotonic

**176. Antidepressant action starts within**

a) 1 day
b) 1 wk
c) **2wk**
d) 3-4 wk

**177. Patient with Premature ejaculation + libido + Erectile dysfunction he is thin and looks sad, he is married for 26 years obese and annoying wife, he came for treatment:**

a) Testosterone Injection every one week
b) Sublingual Nitroglycerin 6h before intercourse
c) SSRI

**178. Patient c/o low self steam and fatigue. Lack of interested and concentration loss of sleaping , depressed mood for last 2 years what DX**

a) Dysthymic

**179. Patient has fear ,SOB ,sweating when he is in automobile, DX**

a) Specific phobia
b) Panic disorder
c) Generalize anxiety disorder

**180. Patient complain of hearing voices from the microwave and refrigerator**

a) Visual hallucination
b) Auditory hallucination

**181. Old retired man having insomnia only. no symptoms related to anxiety or depression, U will give him:**

a) Diazepam

- **If zolpidem is in choices it is more accurate**

**182. Patient covers the TV because he says that they see hem and well split on his face…… diagnosis:**

a) SCZ

**183. A man has excessive worry form germs on his hand**

a) Specific phobia
b) Agrophopia
c) OCD

**184. Psychosis postpartum:**

a) Insidious onset
b) Common
c) Usually suicide

**185. Boy with nocturnal enuresis psychotherapy fail to show result you will start him on :**

a) Imipramin vasopressin
b) Imipramin guanfacin
c) Clonidin vasopressin
d) cloridin guanfacin

**186. Most common psychiatric condition comes with mania?**

a) Paranoid
b) Grandiosity

**187. The best ttt for binge eating disorder:**

a) Cognitive - behavioral therapy
b) Problem - solving therapy
c) Interpersonal therapy

**188. Psychiatric patient see alien talk to her and insertion of idea**

a) **Start antipsychotic treatment**

**189. To measure the cognition in old patient:**

a) **Clock test**
b) Memory test

**190. Psychiatric patient with liver impairment best to give ?**

a) **Lithium**

**191. man walking in street and saying bad words to stranger , he is not aware of his conditioned he kept doing that as if he asked to , what is the description :**

a) Flight of idea
b) Insertion of idea
c) **Loosening of association**

**192. A mother came with her son who is 7 years old with poor concentration. Lack of intelligence and play and repeat some of his action**

a) **Autism**
b) Hyper active disorder

**193. Drug of choice of generalized anxiety disorder Is:**

a) **Citalopram**
b) Bubropione
c) Buspirone
d) Beta blocker

**194. If a patient of Migraine headache has not been treated; which condition do u suspect the patient will develop**

a) Hearing loss
b) **Depression**
c) Dysphagia
d) Loss of vision

**195. What is the definition of insomnia:**

a) Inability to fall asleep when you are tired
b) **Inability to fall asleep or stay asleep for adequate time**
c) Inability to fall asleep after hypnotic medications
d) Sleep cycle reversal

**196. A possible side effect of amitryptiline:**

a) increased salivation
b) **Weight gain**

**197. The first line treatment of panic disorder is:**

a) TCA
b) **SSRI**
c) Beta blocker
d) Benzodiazpin

**198. Patient has depressed mood since 3 months due to conflict in his work, ttt:**
a) SSRI
b) Supportive therapy

**199. What is the best management for binge eating disorder:**
a) Cognitive behavioral therapy

**200. The most common side effect of antipsychotics:**
a) Weight gain

**201. Patient was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack**
a) Panic attack

**202. Patient has only problem in delivering speech he reports palpitation + sweating otherwise in the job he is ok with good review what the diagnosis?**
a) Agoraphobia
b) Malingering
c) Performance anxiety

**203. 5 year old with delayed language and social development, repetitive compulsive behaviour and abnormal relation with inanimate object. Diagnosis:**
a) Autism
b) ADHD

**204. Patient treated for auditory hallucination and paranoia , He developed : Drooling, Dizziness, Neutropenia, QTc prolongation, Which one can cause these symptoms ?**
a) Clozapine
b) Respirdone
c) Aripiprazole

**205. Regarding Obssesional Neurosis?**
a) The treatment is easy.
b) Mostly spontaneously resolved
c) The patient don't know that they have this problem
d) May lead to depression
e) Cannot be treated by amytriptaine

**206. Antipsychotic associated with least incidence of tardive dyskinesia:**
a) Respiradon

**207. Female with hypokalemia , swollen glands , tetany and eroded enamel of the teeth:**
a) Bulimia nervosa
b) Anorexia nervosa

**208. All following are criteria of chronic fatigue syndrome EXCEPT**
a) More than 6 month, muscle pain and joint pain
b) Persistent, idiopathic, headach
c) Not relieved by rest + poor cognition

- **All choices are true, the answer should be in the choices not written here**

**209. Regarding chronic fatigue syndrome, which is true?**

a) Antibiotics may reduce the symptom
b) **Antidepressants may reduce the symptoms**
c) Rest may reduce the symptoms

- **Chronic Fatigue Syndrome**: characterizes by profound mental and physical exhaustion. In association with multiple system and neurotic symptoms that last at least 6 months. Must be new (notlifelong), must not be relieved by rest and must result in greater than 50% reduction in previous activity. Presentation with 4 or more of the following : poor memory / concentration, myalgia, arthralgia, sore throat, tender lymph node, recent onset headache, unrefreshing sleep, excessive tiredness with exercise.
- **Treatment by** cognitive and exercise therapy. Also, diet, physiotherapy, dietary supplements& antidepressants.

**210. Antidepressant in patient with somatization disorder and depression:**

a) Elderly need lower dose
b) Potential side effect shouldn't be discussed
c) Fluoxetine safe in elderly
d) **Effectiveness assessed after few weeks**
e) Need monitoring of antidepressant level

**211. Man change his job , he must in new job to talk in front of 50 persons , he feels that he cannot do this and he send his friend to do that instead of him who can you help him**

a) Propranolol
b) **Biofeedback**

**212. Previously healthy female patient presented to ER with dyspnea , anxiety , tremor , and she breath heavily , the symptoms began 20 minutes before she came to ER , in the hospital she developed numbness peri-orbital and in her fingers , what you will do**

a) Ask her to breath into a bag
b) Take blood sample to look for alcohol toxicity

**213. Patient take antidepressant drug on second day he complain of dizziness in the morning**

a) I don't remember the drug but it was 30 mg at night
b) **Change the dose to 10 mg divided 3 times aday**

**214. Patient on Amitriptyline 30 mg before bed time wakes up with severe headache and confusion, what's the appropriate action?**

a) **Shift him to SSRI's**
b) Change the dose to 10 mg 3 times dail
c) Continue on the same

**215. Contraindication to use in Migraine :**

a) Buprobion
b) Lithium
c) **Valium**

**216. Old man feels that he's enforced to count the things and he doesn't want to do so:**

a) **Obsession**
b) Compulsion

**217. Long scenario about women with anxiety disorder (asking about the diagnosis) Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, and she notes that she had improved over her last pregnancy,, what you think about her condition?**

a) Biofeedback
b) She was on b-blocker
c) Alcohol caseation

**218. What is the definition of insomnia?**

a) Inability to have immediate sleep when you are very tired
b) Disturbance of sleep cycle
c) Inability to get sleep even if you take medication
d) **Disturbance of sleep rhythm that person sleepy at daytime and insomniac at night**

**219. 45 years old male c/o impotence, anxiety, fatigue, decrease appetite, decrease weight 10kg, there was no marital disharmony, no external cause for anxiety, what is the diagnosis?**

a) GAD
b) Major depressive disorder
c) Social phobia
d) Secondary depression
e) Somthing related to sexual disorder

CHAPTER

10

# Basic Sciences

1. **In cachectic patient, the body utilize the proteins of the muscles:**
   a) **To provide Amino acid and protein synthesis.**

- **During the first few days of starvation, glucose utilization by the brain and erythrocytes necessitates depletion of liver and muscle glycogen and an increased glucose production by the liver, using gluconeogenic amino acids derived from catabolism of muscle.**

2. **Which of the following describes the end of the early inflammatory phase :**
   a) Formation of scar.
   b) Formation of ground base of collagen.
   c) **The end of angiogenesis**

- **The entire wound healing process is a complex series of events, that classified as:**

I. **Inflammatory Phase:**
   1) Immediate to 2-5 days
   2) Homeostasis: Vasoconstriction, Platelet aggregation, Thromboplastin makes clot.
   3) Inflammation: Vasodilatation, Phagocytosis.

II. **Proliferative Phase:**
   1) 2 days to 3 weeks.
   2) Granulation.
   3) Contraction.
   4) Epithelialization.

III. **Remodelling Phase**
   1) 3 weeks to 2 years.
   2) New collagen forms which increases tensile strength to wounds.
   3) Scar tissue is only 80 percent as strong as original tissue.

3. **Anatomy of facial artery after leave mastoid**
   a) **Superficial to mandular vein and external carotid**
   b) Deep to external carotid
   c) Superficial to external

4. **the separation of chromatid occur in:**
   a) **Anaphase**
   b) Metaphase
   c) Telophase

- **Sister chromatid separation occurs in the Anaphase stage.**
- **During Metaphase the chromosomes line up in the center of the cell, their centromeres become attachment to the spindle fibers.**
- **In Telophase nuclear membrane is begin to reform at both ends of the cell and spindle fibers disappear.**

5. **Adult Polycystic kidney mode of inheritance :**
   a) **Autosomal dominant.**

- **Adult polycystic kidney disease (polycystic kidney disease type I) has an autosomal dominant mode of inheritance. Most common potentially lethal disorder of the kidney caused by mutations in a single gene. The vast majority of cases are due to a cases (85%) result from mutations in the PKD1 gene. End-stage renal failure with hypertension and uremia develops in half the patients and eventually renal dialysis or renal transplantation becomes necessary.**

6. **HMG-CoA side effect**
   a) **Rhabdomylisis**

7. **Which of the following organs is likely to receive a proportionately greater increase in blood flow?**
   a) **kidneys**
   b) liver
   c) Heart
   d) Skin

8. **Scenario of trauma , on face examination there is shifted mouth angle, loss of sensation of anterior third of tongue, which CN is affected:**
   a) **Facial nerve**
   b) Trigeminal nerve

- **Distal to stylomastoid foramen, the following nerves branch of the facial nerve:**
  - **Posterior auricular nerve - controls movements of some of the scalp muscles around the ear.**
  - **Branch to Posterior belly of Digastric and Stylohyoid muscle.**
  - **Five major facial branches (in parotid gland) - from top to bottom:**
    - **Temporal branch of the facial nerve**
    - **Zygomatic branch of the facial nerve**
    - **Buccal branch of the facial nerve**
    - **Marginal mandibular branch of the facial nerve**
    - **Cervical branch of the facial nerve**

9. **Link the suitable treatment with organism:**
   a) Shegella→3rd generation of cephalosporin or trimethoprim-sulfamethoxazole
   b) Salmonella →ciprofloxacin , " 3rd generation →Cefotaxim "
   c) *Campylobacter*→erythromycin
   d) **Giardia →The most common treatment for giardiasis is metronidazole (Flagyl) for 5-10**

- **notes for all these organisms :**
  - **The most appropriate treatment is fluid and electrolyte replacement**
  - **The use of antibiotics to treat *these organisms* is controversial "usually self-limiting "**

10. **The most unwanted side effect of anti-cholinergic drugs is :**
    a) **Constipation& dry mouth.**

- **More than 50% of patients taking anticholinergic have side effects: dry mouth, blurry vision, constipation and urinary retention. A lot of side effects can result from anticholinergic drug but the commonest is constipation.**

11. **The best way to prevent infection in Medical practice :**
    a) Wear gloves
    b) **Wash hands**
    c) Wear mask
    d) Wear groan

12. **A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:**
    a) Contamination of fluid during manufacturing process
    b) Contamination of fluid during cannula insertion
    c) **Contamination at site of skin entry**
    d) Contamination during injection of medication
    e) Seeding from remote site during intermittent bacteremia

**13. A lot of bacteria produce toxins which are harmful. Which one of the following is used in amiddirs:**

a) **Botulism**
b) Tetanus
c) Diphtheria
d) Staph aureus

- **The botulinum toxin (botulism) is the main virulence factor. It is extremely potent neurotoxin that prevents acetylcholine release from nerve endings resulting in flaccid paralysis.**

**14. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:**

a) Staph. Aureus
b) Chlamydia
c) **Klebsiella**
d) Mycoplasma

- **If there is legionella** choose it → grame negative rod growth on charcoal agar.
- Buffered charcoal yeast extract (BCYE) agar at pH 6.9 in 4-5 days, is a selective growth medium used to culture or grow certain bacteria, particularly the Gram-negative species francisella tularensis, Legionella pneumophila and Haemophilus influenza.
- Other Important and common agar & medium;
  - **Thayer-Martin agar** (TM) →Neisseria gonorrhoeae.
  - **Hektoen enteric agar** (HEA)→Salmonella and Shigella.
  - **The Lowenstein-Jensen medium**→Mycobacterium tuberculosis
- **Some drug interaction:**
  - fentanyl + heroin or cocaine (irregular heartbeats, inability to breath & death)
  - warfarin + aspirin (increased risk of bleeding)
  - lisinopril + K (abnormal heart beats)

**15. Most common side effect of atropine is :**

a) urinary incontinence
b) **Dryness**
c) Bradycardia.

- **General side effects have included hyperpyrexia, chest pain, excessive thirst, weakness, syncope, tongue chewing, dehydration, dry mucus membrane (78% of patients) and feeling hot, other general side effects include "atropine toxicity" which often present as fever, agitation, and dry skin/mucous membranes.**

**16. In the neck, esophagus is:**

a) **Posterior to the trachea**
b) Anterior to the trachea
c) Posterior to vertebral column

**17. Which of the following is a treatment for giardiasis:**

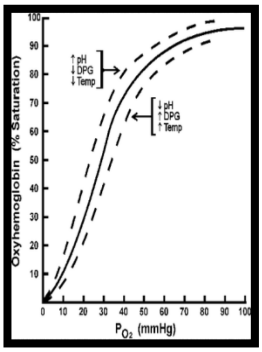
a) Prazequantil
b) Mebendazole
c) **Metronidazole**
d) Albendazole

- **Standard treatment for giardiasis consists of antibiotic therapy.**
- **Metronidazole is the most commonly prescribed antibiotic for this condition. Appropriate fluid and electrolyte management is critical, particularly in patients with large-volume diarrheal losses.**

**18. Which of the following shift the O2 dissociation curve to the right:**

a) Respiratory alkalosis
b) **Hypoxia**
c) Hypothermia

- **A left shift will increase oxygen's affinity for hemoglobin.**
  - In a left shift condition (alkalosis, hypothermia, etc.) oxygen will have a higher affinity for hemoglobin.
  - SaO2 will increase at a given PaO2, but more of it will stay on the hemoglobin and ride back through the lungs without being used. This can result in tissue hypoxia even when there is sufficient oxygen in the blood.
- **A right shift decreases oxygen's affinity for hemoglobin.**
  - In a right shift (acidosis, fever, etc.) oxygen has a lower affinity for hemoglobin. Blood will release oxygen more readily.
  - This means more O2 will be released to the cells, but it also means less oxygen will be carried from the lungs in the first place.
- **In Summary :**
  - PH → increase results in shift to the left, decrease results in shift to the right.
  - Temperature → increase results in shift to the right, decrease results in shift to the left.
  - PCO2 → increase results in shift to the right, decrease results in shift to the left.
  - 2,3-DPG → increase results in shift to the right, decrease results in shift to the left.




**19. Tyramine cause hypertension crises with :**

a) TCA
b) **MAOI**
c) SSRI

- **Tyramine acts as a catecholamine releasing agent, tyramine is physiologically metabolized by MAOA. In humans, if monoamine metabolism is compromised by the use of monoamine oxidase inhibitors (MAOIs) and foods high in tyramine are ingested, a hypertensive crisis can result.**

**20. Methergine contraindicated :**

a) Asthma
b) **HTN and pregnancy**
c) Gastric disease

- **Methergine is semi-synthetic ergot alkaloid used for the prevention and control of postpartum hemorrhage. Contraindicated in Hypertension; toxemia; pregnancy; and hypersensitivity.**

**21. In IDA , which of the following iron studies is most specific:**

a) Iron level
b) TIBC
c) **Ferritin level**

- **Ferritin is a high molecular weight protein that consists of approximately 20% iron. It is found in all cells, but especially in hepatocytes and reticuloendothelial cells, where it serves as an iron reserve.While a low serum ferritin is widely viewed as the best single laboratory indicator of iron depletion.**
- **As ferritin is an acute phase reactant, and is increased when an acute or chronic inflammatory process is present.**

**22. Treatment of chlamydia:**

a) **Doxycycline**

- **A single dose of azithromycin or a week of doxycycline (twice daily) is the most commonly used treatments.**
- **All sex partners should be evaluated, tested, and treated.**

**23. Family went to a dinner party after 6 hours they all had symptoms of abdominal pain, nausea, vomiting and dehydration. Some of them recovered while others needed hospitalization. What's the most likely organism?**

a) Guardia
b) **Staph aureus**
c) Salmonella
d) c.perfiringis
e) c.boyulism

**24. 25 year old male who recently came from India presented with a 3 days history of left knee pain & swelling, 1 day history of right wrist swelling. On examination it was swollen, tender; red with limitation of movement, 50 cc of fluid was aspirated from the knee. Gram stained showed gram positive diplococci. What's the most likely organism?**

a) Brucella
b) Neisseria meningitides
c) **Streptococcus Pneumonia**
d) Staph aureus
e) Strept. Pyogens

**25. Which of the following antibiotics has the least activity against S. aureus?**

a) **Erythromycin.**
b) Clindamycin.
c) Vancomycin
d) Dicloxacillin
e) First generation cephalosporins.

**26. Furosemide increase excretion of :**

a) Na+
b) **K+**
c) phosphorus

- **Furosemide causes high blood Na+, urea, glucose, cholesterol and low blood K+, Ca+.**

**27. All of the following signs or symptoms are characteristics of an extracellular fluid volume deficit EXCEPT:**

a) Dry, sticky oral mucous membranes.
b) **Decreased body temperature.**
c) Decreased skin turgor.
d) Apathy.
e) Tachycardia.

**28. What is the most risk of antihypertensive drugs on elderly patient:**

a) **Hypotension**
b) Hypokalemia
c) CNS side effect

**29. Anticoagulant effect of heparin based on:**

a) Alteration of thrombin levels
b) **Potentiation of anti-thrombin III**
c) Activation of plasmin into plasminogen
d) Inactivation of ionized calcium
e) Reduction of available factor VII

- **Heparin and its low molecular weight derivatives are effective at preventing deep vein thromboses and pulmonary emboli in patients at risk but there is no evidence that any one is more effective than the other in preventing mortality. Heparin binds to the enzyme inhibitor Antithrombin III causing a conformational change that result in its activation through an increase in the flexibility of its reactive site loop.**

**30. the length of trachea in adult is:**

a) **11-12 cm**
b) 24cm
c) 20cm
d) 4cm

- **The trachea is nearly but not quite cylindrical, being flattened posteriorly; it measures about 11 cm. in length; its diameter, from side to side, is from 2 to 2.5 cm. being always greater in the male than in the female. In the child the trachea is smaller, more deeply placed, and more movable than in the adult.**

**31. All of the following drugs advised to be given to elderly patient, EXCEPT:**

a) cemitidine
b) thyroxin
c) Digoxin
d) **chloropromide**

- **It's a sulphonylurea, best to be avoided in elderly people and in those with renal failure.**

**32. Heparin anticoagulant action depend on :**

a) **potentiating of antithrombin three**
b) change plasmin to plasminogen
c) affect prothrombin
d) affect ionized Ca++

- **Heparin potentiates antithrombotic affect in antithrombin three.**
- **Warfarin inhibits vitamin K-dependent gamma carboxylation of factors 2, 7, 9, 10.**

**33. Entamoeba histolytica cysts are destroyed best by:**

a) **Boiling**
b) Iodine added to water
c) Chlorine added to water
d) Freezing

**34. All of the following cause gastric irritation, except:**

a) Erythromycin
b) NSAIDS
c) **Sucralfate**
d) Diclofenac
e) Penicillin.

- **Sucralfate is an anti-ulcer medication. It works mainly in the lining of the stomach by adhering to ulcer sites and protecting them from acids, enzymes, and bile salts**

**35. Chronic use of steroids will give:**

a) Osteomalacia.
b) **Myopathies of pelvic girdle.**
c) Increased risk of breast Ca.
d) Hypoglycemia.

- **Steroids will cause osteoporosis by inhibiting Vitamin D, not osteomalacia. There has been no association with breast Ca. It causes hyperglycemia & steroid-induced diabetes. Steroids will cause proximal myopathy**

**36. All of the following are anti-arrhythmic drugs, except:**

a) **Xylocain**
b) Digoxin
c) Quinidine
d) Amiodarone
e) Procainamide

- **Lidocaine (not xylocaine) is the local anesthetic that is also an anti-arrhythmic.**

**37. Digoxin toxicity :**

a) tinnitus
b) plural effusion
c) **Nausea**
d) all of the above

- **Extracardiac symptoms:**
  - **Central nervous system**: Drowsiness, lethargy, fatigue, neuralgia, headache, dizziness, and confusion may occur.
  - **Ophthalmic**: Visual aberration often is an early indication of digitalis toxicity. Yellow-green distortion is most common, but red, brown, blue, and white also occur. Drug intoxication also may cause snowy vision, photophobia, photopsia, and decreased visual acuity.
  - **GI**: In acute and chronic toxicity, anorexia, nausea, vomiting, abdominal pain, and diarrhea may occur.
  - Mesenteric ischemia is a rare complication of rapid intravenous infusion.
  - Many extracardiac toxic manifestations of cardiac glycosides are mediated neurally by chemoreceptors in the area postrema of the medulla
- **Cardiac symptoms**: Palpitations, Shortness of breath, Syncope, Swelling of lower extremities, Bradycardia, Hypotension

**38. Which one of these drugs is administered orally:**

a) Amikacin
b) **Neomycin**
c) Gentamycin
d) Streptomycin
e) Tobramycin

- **All aminoglycosides have very poor oral uptake.**
- **Neomycin is too toxic for enteral use, so it is given orally (also Kanamycin) mainly to act on bowel flora in preparation for bowel surgery.**

**39. Recent study revealed that anti-psychotic medications cause the following complication:**

a) **Wight gain**
b) Alopecia
c) Cirrhosis

**40. All of the following are true about paracetamol poisoning, except:**

a) Metabolic acidosis
b) Hypoglycemia
c) **Bronchospasm**
d) Liver Failure
e) Acute renal tubular necrosis.

- **Commonly, patients are asymptomatic for the first 24 hours or have non-specific abdominal symptoms (such as nausea and vomiting), Hepatic necrosis begins to develop after 24 hours (elevated transaminases, RUQ pain and jaundice) and can progress to acute liver failure. Patients may also develop: Encephalopathy, Oliguria, Hypoglycemia, Renal failure (usually occurs around day 3), Lactic acidosis.**

**41. Diagnosis of hemochromatosis:**

a) serum ferritin
b) **Transferrin saturation**

- **Hemochromatosis is suggested by persistently elevated transferrin saturation in the absence of other causes of iron overload. It is the initial test of choice.**
- **Ferritin concentration can be high in other conditions, such as infections, inflammations, and liver disease.**
- **Ferritin levels are less sensitive than transferrin saturation in screening tests for hemochromatosis.**

**42. Beriberi caused by deficiencyof**

a) **Vitamin B1**
b) Vitamin B2
c) Vitamin B3

| | |
|---|---|
| **Vitamin B1 (Thiamine)** | 1) beriberi → wet (cardiac) or dry (neurologic)<br>2) Wernicke-Korsakoff syndrome (lesions of mamillary bodies) |
| **Vitamin B3 (Niacin)** | pellagra → 3Ds = dermatitis, dementia, diarrhea (and death) |
| **Vitamin B12 (Cobalamin)** | 1) megaloblastic (macrocytic) anemia<br>2) hypersegmented neutrophils (> 5 lobes)<br>3) subacute combined degeneration of the spinal cord |

**43. 14 years old female with BMI 32.6 (associated big chart):**

a) Overweight
b) **Obese**
c) Normal weight

- **BMI < 16 : severe underweight, BMI 16 – 20 : underweight, BMI 20 – 25 : normal, BMI 25 – 30 : over wt., BMI 30 – 35 : obese classic 1, BMI 35 – 40 : obese classic 2 & BMI > 40 : obese classic 3**

**44. At what level lumbar puncture (LP) done at :**

a) L2-L3
b) **L3-L4**
c) L5-S1

- **Local anesthetic should be infiltrated and then the area should be prepared carefully and draped. The spinal needle then is positioned between the 2 vertebral spines at the L4-L5 level and introduced into the skin with the bevel of the needle facing up.**

**45. Patient present with high blood pressure (systolic 200) , tachycardia, mydriasis , sweating, what is the toxicity**

a) Anti-cholinergic
b) **Sympathomimetic**
c) Tricyclic antidepressant
d) Organophosphorous compounds

**46. All are complications of long term use of phenytoin, EXCEPT:**

a) Ataxia
b) **Osteoporosis**
c) Osteomalacia
d) Macrocytosis

- **Phenytoin toxic effect might be, Gingival hyperplasia, diplopia, nystagmus, megaloblastic anemia secondary to interference with folate metabolism, hirsutism, diminished deep tendon reflexes in the extremities, CNS depression, endocrine disturbances (diabetes insipidus, hyperglycemia, glycosuria, osteomalacia).**

**47. Epidemic disease in poor sanitation areas affecting children and young adults:**

a) **Hepatitis A**
b) Hepatitis B
c) Hepatitis C
d) Hepatitis D

**48. Calcium Chanel Blocker drugs like verapmil , dilitazem, nifedipine are effective in all, EXCEPT:**

a) Prinzmetal angina
b) Hypertension
c) Atrial tachycardia
d) **Ventricular tachycardia**
e) Effort angina



- **Treatment of ventricular tachycardia depends on patient stability;**
  - **Unstable patients: electrical cardioversion**
  - **Stable patients: amiodarone, lidocaine, procainamide.**

**49. Physiological cause of hypoxemia :**

a) **hypoventilation**
b) improper alveolar diffusion
c) Perfusion problem
d) elevated 2.3 DPG

- **Four causes of hypoxemia; abnormally low oxygen in the blood is caused by one or more of the following:**
  - **Hypoventilation**
  - **diffusion impairment**
  - **right to left shunt (usually in the lungs, but can be in the heart)**
  - **Abnormal ventilation/perfusion ratios.**

**50. mechanism of action of PTU**

a) **inhibit the peroxidase enzyme**

**51. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :**

a) Respiredone
b) **Clozapine**
c) Amisulpride

- **Clozapine may cause a severe reduction in white blood cell count, a condition known as agranulocytosis , dementia-related psychosis in elderly, seizure, dizziness, headache, tremor, low blood pressure, and fever**

**52. Man use sildenafil, to prevent hypotension you should not use :**

a) **Nitrate**
b) B blocker
c) ACIE
d) CCB

- **Nitrate should not be used in conjugation with drugs used to treat erectile dysfunction, such as Slidenafil (Viagra). The combination can cause extreme hypotension.**

**53. Deep laceration in the anterior aspect of the wrist, causing injury to the median nerve the result is:**

a) claw hand
b) drop hand
c) **Inability to oppose the thumb to other fingers.**

- **Injury to the Median nerve at the wrist result in the following:**
  - **The muscles of the thenar eminence are paralyzed and wasted.**
  - **The thumb is laterally rotated and adducted.**
  - **The hand looks flattened and apelike.**
  - **Opposition movement of the thumb is impossible.**
  - **The first two lumbricals are paralyzed.**
  - **Loose of the sensation over the lateral fingers.**

**54. On flow cytometric analysis of a sample of fetal thymus a certain population of cells is identified that is positive for both cd4 and cd8 cell surface Antigens. These cells are best characterised as which of the following cells?**

a) **Immature cortical T lymphocyte.**
b) mature cytotoxic T lymphocyte
c) Mature helper T lymphocyte.
d) antigen presenting cells
e) natural killer (NK) cell

**55. Vertigo, inability to perceive termination of movement & difficulty in sitting or standing without visual due to some toxic reacts that likely to occur in 75% of patient with long term use of:**

a) Penicilline
b) Tetracycline
c) Amphotricin B
d) **Streptomycin**.
e) INH

- **Streptomycin and other aminoglycosides can elicit toxic reactions involving both the vestibular and auditory branches of the eighth cranial nerve. Patients receiving an aminoglycoside should be monitored frequently for any hearing impairment owing to the irreversible deafness that may result from its prolonged use. None of the other agents listed in the question adversely affect the function of the eighth cranial nerve**

**56. which one of the anti TB medications cause tinnitus, imbalance**

a) **Streptomycin**
b) isoniazide
c) pyrazinamide

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**58. Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:**

a) Deep to retromandibular vein
b) Deep to internal carotid artery
c) **Superficial to retromandibular vein and external carotid artery**
d) Deep to ext. carotid artery
e) Between ext. carotid artery and retromandibular vessels

**59. The heart increase its blood supply by:**

a) Pulmonary resistnace
b) **Dilate coronary artery**
c) Constrict aortic artery
d) Dilate IVC

CHAPTER

# Dermatology

11

**1. Patient came with history of tinea capitis treatment:**

a) Tar shampoo
b) **Fluconazole**

- **Explanation: oral antifungal is considered to be the treatment of choice for tinea capitis , shampoo is being considered as an adjunct to oral treatment**

**2. Cold induced Urticaria treatment:**

a) **Antihistamine** "if other options not including protection"

- **Explanation: Patients with cold Urticaria should learn to protect themselves from a rapid drop in body temperature. Regular antihistamines are not generally effective. The antihistamine cyproheptadine (Periactin) has been found to be a useful treatment. The tricyclic antidepressant doxepin has also been found to be an effective blocker of histamine release. Finally, a medication called ketotifen, which keeps mast cells from releasing histamine, has also been used with success.**

**3. Man went on vacation. He noticed a white patch in his chest which became clearer after getting a sun tan which was spread on his chest.what is the diagnosis:**

a) **Pytriasis versicolor**
b) Vitilligo
c) Pytriasisroscea

- **Explanation: Tineaversicolor (TIN-ee-uh vur-si-KUL-ur), also called pityriasis , is a common fungal infection of the skin. The fungus interferes with the normal pigmentation of the skin, resulting in small, discolored patches.**
- **These patches may be lighter or darker in color than the surrounding skin and most commonly affect the trunk and shoulders. Tineaversicolor occurs most frequently in teens and young adults. Sun exposure may make tineaversicolor more apparent.**

**4. Male with itching in groin erythematous lesions and some have clear centers, what is diagnosis?**

a) Psoriasis
b) **Tineacuris**
c) Erythrasma

- **Explanation: Jock itch (tineacruris) is a fungal infection that affects the skin of genitals, inner thighs and buttocks. Jock itch causes an itchy, red, often ring-shaped rash in these warm, moist areas of body**

**5. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is diagnosis:**

a) Rosella
b) HSV
c) **Herpes zoster**

- **Explanation: Symptoms typically include prodromal sensory phenomena along 1 or more skin dermatomes lasting 1-10 days (averaging 48 h), which usually are noted as pain or, rarely, paresthesias.**
- **Patchy erythema, occasionally accompanied by induration, appears in the dermatomal area of involvement.**

**6. angioedema due to use of :**

a) B blocker
b) **ACEI**

7. **Treatment of comedones:**
a) **Topical retinoid**

- **Explanation: Retinoid medications are derivatives of Vitamin A and the treatment of choice for comedonal acne, or whiteheads and blackheads. They work by increasing skin cell turnover promoting the extrusion of the plugged material in the follicle. They also prevent the formation of new comedones. All of the retinoids must be prescribed by a health care provider.**

8. **Treatment of non-inflammatory acne:**
a) **Retinoic acid**

- **Treatment of comedones: Topical retinoid**
- **Treatment of papules or pustules: Topical benzoy, peroxide plus topical antibiotics, mainly clindamycin or erythromycin.**
- **In severe cases, intralesional steroid injection or oral antibiotics, such as tetracycline or erythromycin may be added.**

9. **Treatment of papules or pustules:**
a) **Topical benzoyl peroxide plus topical antibiotics, mainly clindamycinor erythromycin.**

- **Explanation: Antibiotics: Antibiotics can be effective in treating most inflammatory acne (papules and pustules). They work by decreasing inflammation caused by bacteria and other irritating chemicals present in the sebaceous follicle.**
- **Antibiotics may be combined with benzoyl peroxide, which is contained in over-the-counter medications, to form a topical solution that can be obtained with a doctor's prescription.**

10. **Treatment of acne In severe cases:**
a) **Steroid injection or oral antibiotics, such as tetracycline or erythromycin may be added.**

- **Explanation: Cystic acne, or nodulocystic acne, is the most severe form of acne vulgaris. Deep, inflamed breakouts develop on the face and/or other areas of the body. The blemishes themselves can become large; some may measure up to several centimeters across.Some common treatments for nodulocystic acne include:**
  1) **Oral antibiotics**
  2) **Isotretinoin**
  3) **Oral contraceptives - for women**
  4) **Surgical excision and drainage - A doctor makes a small incision in the skin and extracts the infected material.**
  5) **Intralesional corticosteroid injections - Medication is injected directly into the lesion to reduce inflammation and shrink the blemish.**

11. **Baby with white papules in his face what is your action:**
a) **Reassure the mother and it will resolve spontaneously**
b) Give her antibiotic

- **Explanation: Milia are tiny white bumps or small cysts on the skin that are almost always seen in newborn babies. In children, no treatment is needed. Skin changes on the face or cysts in the mouth usually disappear after the first few weeks of life without treatment, and without any lasting effects.**

35. **nasal pain & rash :**
a) **Rosea**

**12. Patient around his nose there are pustules, papules and telangiectasia lesions. The diagnosis is:**

a) <u>Rosacea</u>

- **Explanation: Rosacea is a chronic skin condition that makes your face turn red and may cause swelling and skin sores that look like acne Symptoms:**
  - **Redness of the face**
  - **Blushing or flushing easily**
  - **A lot of spider-like blood vessels (telangiectasia) of the face**
  - **Red nose (called a bulbous nose)**
  - **Acne-like skin sores that may ooze or crust**
  - **Burning or stinging feeling in the face**
  - **Irritated, bloodshot, watery eyes**

**13. 15years boy appear patch in right lower leg these patch is clear center red in peripheral, no fever no other complain so diagnosis:**

a) contact dermatitis
b) <u>Tinea corporis</u>
c) Lyme disease

- **Explanation: Tinea corporis Symptoms may include itching. The rash begins as a small area of red, raised spots and pimples. The rash slowly becomes ring-shaped, with a red-colored, raised border and a clearer center. The border may look scaly. The rash may occur on the arms, legs, face, or other exposed body areas.**

**14. Mother brought her baby & was complaining of diaper rash. She used cornstarch, talc powder, zinc ointment & 3 different types of corticosteroids prescribed by different physicians but with no benefit. The rash was well demarcated & scaly with satellite lesions. The most likely diagnosis:**

a) <u>Candidal rash</u>
b) Seborrhic dermatitis
c) Allergic contact dermatitis

- **Explanation: They can commonly occur in body folds (axillae, groin, intergluteal space), genitals (vulva/vagina, penis), lips and oral cavity. Candida lesions are red, tender, itchy and have "satellite" lesions.**

**15. A female patient presented with wheals over the skin with history of swollen lips. The diagnosis is:**

a) <u>Chronic urticaria with angioedema</u>
b) Solar dermatitis
c) Contact dermatitis
d) Cholinergic dermatitis

- **Explanation: Urticarial lesions are polymorphic, round or irregularly shaped pruritic wheals that range in size from a few millimeters to several centimeters**
- **Angioedema, which can occur alone or with urticaria, is characterized by non pitting, non-pruritic, well defined, edematous swelling that involves subcutaneous tissues (e.g., face, hands, buttocks, genitals), abdominal organs, or the upper airway (i.e., larynx).**
- **Chronic urticaria : if more than 6 weeks**
- **Solar urticaria : due to sunlight**
- **Cholinergic urticariae: due to brief increase in body temperature.**
- **Cold urtiaria : due to exposure to cold**

**16. A child presented with honey comb crust lesion. Culture showed staph aureus. The diagnosis is:**

a) **Impetigo**

- **Explanation: Impetigo A single or possibly many blisters filled with pus; easy to pop and -- when broken -- leave a reddish raw-looking base (in infants)Itching blister:Filled with yellow or honey-colored fluidOozing and crusting over .A culture of the skin or lesion usually grows the bacteria streptococcus or staphylococcus. The culture can help determine if MRSA is the cause, because specific antibiotics are used to treat this infection.**

**17. On examination of newborn the skin show papules or (pustules) over erythema base:**

a) Transient neonatal pustularmelanosis
b) **Erythema toxicumneonatorum**

- **Explanation: The main symptom of erythema toxicumneonatorum is a rash of small, yellow-to-white colored papules surrounded by red skin. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs. The rash can change rapidly, appearing and disappearing in different areas over hours to days.**

**18. Patient presented with a 6 week history of itching & redness all over the body with wheals. Which type of urticaria this patient has:**

a) **Chronic urticaria → 6 weeks**
b) Solar urticarial
c) Allergic urticaria → resolved after 24h or 72h

- **Explanation: Chronic hives, also known as urticaria, are batches of raised, red or white itchy welts (wheals) of various sizes that appear and disappear. While most cases of hives go away within a few weeks or less, for some people they are a long-term problem. Chronic hives are defined as hives that last more than six weeks or hives that go away, but recur frequently.**

**19. Which of the following reduces the risk of post-therapeutic neuralgia:**

a) Corticosteroid only
b) Valacyclovir only
c) **Corticosteroid & Valacyclovir**

- **Explanation: With postherpetic neuralgia, a complication of herpes zoster, pain may persist well after resolution of the rash and can be highly debilitating. Herpes zoster is usually treated with orally administered acyclovir. Other antiviral medications include famciclovir and valacyclovir. The antiviral medications are most effective when started within 72 hours after the onset of the rash. The addition of an orally administered corticosteroid can provide modest benefits in reducing the pain of herpes zoster and the incidence of postherpetic neuralgia.**

**20. Patient with colored pustules around his mouth, organism show herpes simplex type 1, what is the treatment:**

a) **Oral antiviral**
b) IV antiviral
c) Supportive

- **Explanation: Treatment, Symptoms may go away on their own without treatment in 1 to 2 weeks.health care provider can prescribe medicines to fight the virus. This is called antiviral medicine. It can help reduce pain and make symptoms go away sooner. Medicines used to treat mouth sores include: Acyclovir, Famciclovir & Valacyclovir.**

**21. Treatment of scabies:**

a) **Permethrin**

- **Explanation: Permethrin cream and Malathion lotion are the two most widely used treatments for scabies.Permethrin cream is usually recommended as the first treatment. Malathion lotion is used if the permethrin cream proves ineffective. Both medications contain insecticides that kill the scabies mite.**

**22. Treatment of herpes zoster in ophthalmic division:**

a) Oral acyclovir alone
b) **Acyclovir & Prednisolone**
c) Prednisolone
d) IV Acyclovir

- **Explanation: Oral acyclovir (5 times/d) has been shown to shorten the duration of signs and symptoms, as well as to reduce the incidence and severity of HZO complications. The use of oral corticosteroids has been shown to reduce the duration of pain during the acute phase of the disease and to increase the rate of cutaneous healing; Corticosteroids are recommended for HZO only for use in combination with antiviral agents.**

**23. Male came with vesicle in forehead To prevent post herpetic:**

a) Oral acyclovir
b) Steroid
c) **Oral acyclovir and steroid**
d) Varicella vaccine

- **Explanation:** Prevention of Postherpetic Neuralgia: No treatment has been shown to prevent postherpetic neuralgia completely, but some treatments may shorten the duration or lessen the severity of symptoms.
- **ANTIVIRAL THERAPY:** A systematic review14 of 42 trials evaluating treatment given at the time of acute herpes zoster concluded that there is marginal evidence that seven to 10 days of acyclovir treatment reduces the incidence of pain at one to three months. The most recent meta-analysis15 of five placebo-controlled trials comparing acyclovir with placebo in the prevention of postherpetic neuralgia reported a number needed to treat (NNT) of 6.3 to reduce the incidence of pain at six months. There is only one trial10 examining the effect of famciclovir on postherpetic neuralgia; it concluded that seven days of famciclovir had no effect on the overall incidence of postherpetic neuralgia but did reduce its duration. To prevent pain at six months, the NNT was 11.10 another trial7 comparing seven days of valacyclovir with famciclovir showed equivalence in reducing the duration of postherpetic neuralgia.
- **STEROID THERAPY:** Two double-blind, randomized, controlled trials12,13 concluded that corticosteroids given for 21 days did not prevent postherpetic neuralgia.
- **TRICYCLIC ANTIDEPRESSANTS:** One randomized trial16 of patients older than 60 years who were diagnosed with herpes zoster compared 25 mg of amitriptyline (Elavil) initiated within 48 hours of the rash onset and continued for 90 days with placebo. The amitriptyline group showed a 50 percent decrease in pain prevalence at six months with an NNT of 5.

**24. Child have fever & malaise then develop rash wich is papule become vesicular and crusted:**

a) **Varicella zoster**

- **Explanation: Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over and form scabs. The blisters tend to be more common on covered than on exposed parts of the body.**

**25. Patient has 2 cm dome shaped mass in the dorsum of his hand. It's covered by keratin. What's the most likely diagnosis:**

a) Basal cell carcinoma
b) Malignant melanoma
c) **keratoacanthoma**

- **Explanation: The classical keratoacanthoma has a raised margin and a central keratin-filled crater (so do some squamous cell carcinomas). Keratoacanthomas appear clinically as flesh-colored, dome-shaped nodules with a central, keratin-fllled plug, making it look very crater-like. Lesions range in size from 1 cm to several centimeters across and have a higher distribution in facial skin including the cheeks, nose, and ears and the dorsa of the hands.**

**26. Male patient has hair loss started as fronto-temporal and moving toward the vertex (top of the head) the diagnosis is:**

a) **Androgenic alopecia**
b) TineaCaptus

- **Explanation: It is localised on the top of the hair, most of the time & sometimes the temporal lobes and the sides). In its most common form, androgenetic hair loss starts with an enlargement of the middle parting and the hair thinning out. The top of the head then gradually lights up, as part of a process that is irreversible if the person is not treated**

**27. Patient has hemorrhagic lesion in the mouth and papules in the face and back. He had SOB, fever, cough and mediastinal mass, what's the diagnosis:**

a) **Kaposi sarcoma**

- **Explanation: The tumors most often appear as bluish-red or purple bumps on the skin. They are reddish-purple because they are rich in blood vessels. The lesions may first appear on the feet or ankles, thighs, arms, hands, face, or any other part of the body. They also can appear on sites inside the body.Other symptoms may include: Bloody sputum &Shortness of breath**

**28. Rash all over the body except the face after week of unprotected sexual intercourse:**

a) Charcoid
b) **2ry syphilis**

- **Explanation: Secondary Typical presentation of secondary syphilis with a rash on the palms of the hands Reddish papules and nodules over much of the body due to secondary syphilis .Secondary syphilis occurs approximately four to ten weeks after the primary infection. While secondary disease is known for the many different ways it can manifest, symptoms most commonly involve the skin, mucous membranes, and lymph nodes. There may be a symmetrical, reddish-pink, non-itchy rash on the trunk and extremities, including the palms and soles.**

**29. Patient complaining of hypopigmentful skin , nerve thinking diagnosis:**

a) **leprosy**

- **Explanation: Leprosy is a disease that has been known since biblical times. It causes skin sores, nerve damage, and muscle weakness that gets worse over time.**
- **Symptoms include:**
  4) **Skin lesions that are lighter than your normal skin color.**
  5) **Lesions have decreased sensation to touch, heat, or pain.**
  6) **Lesions do not heal after several weeks to months.**
  7) **Muscle weakness.**
  8) **Numbness or lack of feeling in the hands, arms, feet, and legs.**



**30. Patient with cystic nodule (acne) and scars, what is the best treatment:**

a) **Retinoin.**
b) Erythromycin.
c) Doxycyclin

- **Explanation: While topical creams work well for mild-to-moderate forms of acne, nodular acne usually requires more aggressive therapy. Oral antibiotics may be prescribed to fend off bacteria and reduce inflammation. But even antibiotics may not be enough. A treatment regime called isotretinoin, which goes by the brand name of Accutane, is often prescribed for patients with deep nodular acne. While this is a very effective treatment plan, it must be closely monitored by a dermatologist because of the numerous side effects that can present.**

**31. Acanthosis Nigricans associated with :**

a) **Polycystic ovary syndrome**

- **Explanation: Acanthosis nigricans can be seen with obesity, PCOS, and other disorders associated with insulin resistance, a precursor to diabetes.**

**32. Old male , back pain , examination is normal : gave him steroid , come again with vesicle from back to abdomen :**

a) **VZV**

- **Explanation: A painful, blistering rash tends to occur on one side of the body, usually on the trunk or face. There may be pain, numbness or tingling of the area 2 to 4 days before the rash appears. Pain or numbness usually resolves within weeks, but it can sometimes persist for much longer.**

**33. Patient has diarrhea , dermatitis and dementia diagnosis :**

a) **Pellagra**

- **Explanation: Pellagra is a condition of having too little niacin in the body and affects the normal function of the nerves, digestive system, and skin. Pellagra may result in a number of symptoms. The symptoms can vary in intensity from person to person. Common symptoms of pellagra: You may experience pellagra symptoms daily or just once in a while. At times any of these common symptoms can be severe:**
  - **Abdominal cramping**
  - **Confused or delusional thinking**
  - **Depression**
  - **Diarrhea**
  - **Difficulty with memory, thinking, talking, comprehension, writing or reading**
  - **Headache**
  - **Loss of appetite, Weakness (loss of strength)**
  - **Malaise or lethargy**
  - **Mucus membrane inflammation**
  - **Nausea with or without vomiting**
  - **Skin lesions that are scaly and sore**

**36. Dermatomyositis what is true:**

a) distal muscle weakness
b) **Underlying malignancy can be**
c) Generalized Skin rash

- **Explanation: The cause of dermatomyositis is unknown. Experts think it may be due to a viral infection of the muscles or a problem with the body's immune system. It can also sometimes occur in patients who have cancer of the abdomen, lung or other body area.**

**37. Dermatomyositis came with the following symptoms:**

a) **Proximal muscle weakness**
b) Proximal muscle tenderness

- **Symptoms including:**
  1) **Difficulty swallowing**
  2) **Muscle weakness, stiffness, or soreness**
  3) **Purple or violet colored upper eyelids**
  4) **Purple-red skin rash**
  5) **Shortness of breath**

**34. 27 years old man have asymmetric oligoarthritis involve Knee & elbow, painful oral ulcer for 10 years. he came with form of arthritis , mild abdominal pain ,, dx is:**

a) **Behcets disease**
b) SLE
c) Regional enteritis
d) Ulcerative colitis
e) Wipples disease

- **Explanation: Mouth. Painful mouth sores, identical to canker sores, are the most common sign of Behcet's disease.**
- **Skin: Some people may develop acne-like sores on their bodies. Others may develop red, raised and tender nodules on their skin, especially on the lower legs.**
- **Gentalia sores**
- **Eyes.. Behcet's disease may cause inflammation in the eye — a condition called uveitis (u-ve-I-tis).**
- **Joints. Joint swelling and pain often affect the knees in people with Behcet's disease. The ankles, elbows or wrists also may be involved. Signs and symptoms may last one to three weeks and go away on their own.**
- **Vascular system.. (Vasculitis).**
- **Digestive system.. Behcet's disease may cause a variety of signs and symptoms that affect the digestive system, including abdominal pain, diarrhea or bleeding.**
- **Brain.. Behcet's disease may cause inflammation in the brain and nervous system that leads to headache, fever, disorientation, poor balance or stroke.**

**38. Hair loss is a side effect of the following medications:**

a) Phenytoin
b) Carbamezabin
c) **Valporic Acid**
d) Diazepam

- **Explanation : most COMMON side effects persist or become bothersome when using:**
- **Valproic Acid: Constipation, diarrhea, dizziness, drowsiness, headache, increased or decreased appetite, mild hair loss; nausea; sore throat; stomach pain or upset; trouble sleeping; vomiting; weakness; weight gain.**
- **Phenytoin : gingival hyperplasia, hirsuteism, ataxia**
- **Carbamazepine :agranulocytosis, hepatotoxicity, aplastic anemia**
- **Na Valproate: transient hair loss.**

**39. Patient has symptoms of infection, desquamation of hands and feet, BP 170\110 dx:**

a) Syphilis
b) Toxic shock syndrome
c) **Scarlet fever**

**40. Patient with symptoms of blephritis and acne rosacea the best Rx is:**

a) **Doxycycline**
b) Erythromycin
c) Cephtriaxone

- **Explanation: often, an antibiotic or combination antibiotic-steroid ointment is prescribed for varying periods of time, depending on response. For example, tetracyclines tend to work well for rosacea, not only because of the antibiotic effect, but because tetracyclines tend to decrease the viscosity of naturally secreted oils, thereby reducing the oil gland "plugging" that occurs with this disease. Most eye doctors will prescribe long-acting tetracyclines such as doxycycline, which can be taken once or twice a day. Furthermore, doxycycline, unlike traditional tetracycline, can be taken with food and milk products without preventing absorption in the body.**

**41. Folliculitis treatment is:**

a) Topical steroid
b) PO steroid
c) PO antibiotic
d) **Topical AB**

- **Explanation: Treatment; Hot, moist compresses may promote drainage of the affected follicles. Treatment may include antibiotics applied to the skin (mupirocin) or taken by mouth (dicloxacillin), or antifungal medications to control the infection.**

**42. Most common association with acanthosis negricans (one):**

a) Hodgkin lymphoma.
b) Non-hodgkinlymphoma
c) DM
d) **Insulin resistance.**
e) Internal malignancy

- **Explanation: This occurs due to insulin spillover (from excessive production due to obesity or insulin resistance) into the skin which results in abnormal growth being observed.**
- **The most common cause would be insulin resistance, usually from type 2 diabetes mellitus. Other causes are familial, obesity, drug-induced, malignancy (gastric cancer), idiopathic and polycystic ovary syndrome.**

**43. A middle aged man having black spots on his thigh for years, it is starting to become more black with bloody discharge, the best management is to:**

a) **Wide excision.**
b) Incisional biopsy
c) Cryotherapy.
d) Radiotherapy.
e) Immunotherapy.

- **Explanation: The patient is having a malignant melanoma and the treatment is by excision.**

**44. Child with multiple painful swellings on the dorsum of hands , feet , fingers and toes ,his CBC showed Hb=7,RBC's on peripheral smear are crescent shaped , what is your long-term care:**

a) Corticosteroids
b) **Penicillin V**
c) Antihistaminic

- **Explanation: this patient have sickle cell anemia**

**45. Patient was presented by Bullous in his foot , biopsy showed sub dermal lysis , fluorescent stain showed IgG , what is the most likely diagnosis :**
a) Bolus epidermolysis.
b) Pemphigoid vulgaris.
c) Herpetic multiform.
d) **Bullous pemphigoid.**

- **Explanation: Bullous Pemphigoid: An acquired blistering disease that leads to separation at the epidermal basement membrane. It is most commonly seen in patients 60–80 years of age. Its pathogenesis involves antibodies that are developed against the bullous pemphigoid antigen, which lies superficially in the basement membrane zone (BMZ). Antigen-antibody complexes activate complement and eosinophil degranulation that provoke an inflammatory reaction and lead to separation at the BMZ. The blisters are stable because their roof consists of nearly normal epidermis.**
- **HISTORY/PE: Presents with firm, stable blisters that arise on erythematous skin, often preceded by urticarial lesions. Mucous membranes are less commonly involved than is the case in pemphigus.**
- **DIAGNOSIS: Diagnosed according to the clinical picture. Skin biopsy shows a subepidermal blister, often with an eosinophil-rich infiltrate. Immunofluorescence demonstrates linear IgG and C3 immunoglobulin and complement at the dermal-epidermal junction.**
- **TREATMENT: Systemic corticosteroids. Topical corticosteroids can help prevent blister formation when applied to early lesions.**

**46. 2 months old with scaling lesion on scalp and forehead, Dx:**
a) **Seborrheic Dermatitis**
b) Erythema multiform

- **Explanation: Seborrheic dermatitis can occur on many different body areas. Usuallky it forms where the skin is oily or greasy. Commonly affected areas include the scalp, eyebrows, eyelids, creases of the nose, lips, behind the ears, in the outer ear, and middle of the chest.**

**47. Henosch-Scholenpurpura affect:**
a) Capillary and venule
b) **Arteriole, capillary and venule**
c) Artery to vein

- **Explanation: Henoch-Schönleinpurpura is a small-vessel vasculitis in which complexes of immunoglobulin A (IgA) and complement component 3 (C3) are deposited on arterioles, capillaries, and venules. As with IgA nephropathy, serum levels of IgA are high in HSP and there are identical findings on renal biopsy; however, IgA nephropathy has a predilection for young adults while HSP is more predominant among children. Further, IgA nephropathy typically only affects the kidneys while HSP is a systemic disease. HSP involves the skin and connective tissues, scrotum, joints, gastrointestinal tract and kidneys.**

**48. Urticaria, all true EXCEPT:**
a) Can be part of anaphylactic reaction
b) Is not always due to immune reaction
c) **Always due to deposition of immune complex in the skin (due to increase permeability of capillaries)**
d) Due to ingestion of drug
e) Due to ingestion of strawberry

- **Explanation: it is not always due to deposition of immune complex in the skin (right :due to increase permeability of capillaries)**

**49. Neonate baby present with rash over the face & trunk & bluster formation , Diagnosis:**
a) **Erythema Toxicum**

- **Explanation: Erythema toxicum may appear in 50 percent or more of all normal newborn infants. It usually appears in term infants between the ages of 3 days and 2 weeks. Its causes are unknown. The condition may be present in the first few hours of life, generally appears after the first day, and may last for several days. Although the condition is harmless, it can be of great concern to the new parent.Symptoms:The main symptom is a rash of small, yellow-to-white colored papules surrounded by red skin. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs.The rash can change rapidly, appearing and disappearing in different areas over hours to days.**

**50. Patient he was living in a cold climate for long time he notices a brown scaly lesion on his chest, when he moved to hot area the lesion became hypopigmented although the rest of his body was tanned, Dx:**
a) Psoriasis
b) **Ptryasis versicolor**

**51. Picture in computer appear vesicle, bulla and erythema in chest skin so what is the treatment?**
a) **Acyclovir cream**
b) Betamethzone cream
c) Floclvir
d) Erythromycin

**52. The following drugs can be used for acne treatment except:**
a) **Ethinyl estradiol**
b) Retin A
c) Vitamin A
d) Erythromycin ointment
e) azelenic acid

**53. Seborrheic Dermatitis caused by :**
a) **Pityrosporum Ovale**

- **Explanation: treatment → selenium sulfi de or zinc pyrithione shampoos for the scalp, and topical antifungals and/or topical corticosteroids for other areas.**
- **Seborrhic dermatitis → is an inflammatory skin disorder affecting the scalp, face, and trunk. Presents with scaly, flaky, itchy, red skin. It particularly affects the sebum-gland rich areas of skin.**

**54. Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back, tender, red base distributed in belt-like pattern on the back, belt-like diagnosis is:**
a) **Herpes Zoster**
b) CMV

- **Etiology: Varicella-zoster virus (dormant in dorsal root ganglion after childhood chickenpox).**
- **Clinical features: Pain in the affected dermatome. After 1- 3 days, there are clustered, red papules which become vesicular then pustular.There may be fever, malaise and lymphadenopathy. Pain may persist for months.Involvement of ophthalmic division of trigeminal nerve may cause Keratitis/blindness**
- **Treatment: Use topical antiseptics, idoxuridine, or acyclovir for cold sores, Oral acyclovir for severe/generalized herpes. For post-herpetic neuralgia, use analgesics, carbamazepine, tricyclic antidepressants NB → oral antiviral ( decrease risk of post herpetic neuralgia )**

**55. Blistering skin rash is a feature of the following except:**

a) Erythema herpiticum
b) Erythema multiforme
c) Sulphonamide allergy
d) **Erythema nodosum**

- **Erythema multiforme: is an acute, self-limiting, inflammatory skin eruption. The rash is made of spots that are red, sometimes with blistered areas in the center. so named because of the "multiple forms" it appears in; Divided into two overlapping subgroups (EM minor and Stevens-Johnson syndrome "most often results from a medication like penicillin's and sulfa drugs")**
- **Eczema herpiticum: A febrile condition caused by cutaneous dissemination of herpes virus type 1, occurring most commonly in children, consisting of a widespread eruption of vesicles rapidly becoming umbilicated pustules**
- **Skin reactions are the most common adverse reactions to sulfa medications, ranging from various benign rashes to life- threatening Stevens-Johnson syndrome and toxic epidermal necrolysis.**
- **Erythema nodosum: the formation of tender, red nodules on the front of the legs**

**56. Scabies infestation, all true except:**

a) Rarely involve head and neck
b) 5% lindane is effective
c) Benzobenzoates is equally effective to 5% lindane
d) **Itching occurs 1 week after infestation**

- **Explanation: Scabies is caused by the mite S scabieivarhominis, an arthropod.**
- **Humans can be affected by animal scabies. Transient pruritic papular or vesicular erythemic lesion may occur after 24 hours of an exposure to an infested animal. The immediate itching protective mechanism can prevent the mite from burrowing**
- **Treatment options include either topical o total medications. Topical options include permetherin cream, lindane, benzyl benzoate, crotamiton lotion and cream, sulfur, Tea tree oil. Oral options include ivermectin.**

**57. Dysplastic nevus syndrome all of the following are true except:**

a) Autosomal dominant
b) **answer not written**

- **Dysplastic nevi, also known as atypical moles, are unusual benign moles that may resemble melanoma. People who have them are at an increased risk of melanoma. In general, the lifetime risk of developing a cutaneous melanoma is approximately 0.6%, or 1 in 150 individuals.**
- **People with larger number of atypical moles, have greater risk. As having 10 or more of them = 12 times the risk of developing melanoma as members of the general public even with no family history. This condition can be Heredity (two or more 1st degree relatives) or sporadic.**
- **The classic atypical mole syndrome has the following characteristics: 100 or more moles, One or more moles greater than 8mm (1/3 inch) or larger indiameter and one or more moles that look atypical**
- **In some studies of patients with FAMM (syndrome of familial atypical moles and melanomas), the overall lifetime risk of melanoma has been estimated to be 100%.**
- **The criteria for FAMM syndrome are as follows:**
  - **The occurrence of malignant melanoma in 1 or more first- or second-degree relatives**
  - **The presence of numerous (often >50) melanocytic nevi, some of which are clinically atypical > Many of the associated nevi showing certain histologic features.**

**58. patient with scale in hair margin and nasal fold and behind ear with papule and irregular erythema so treatment is:**

a) **Nizoral cream**
b) Atovit
c) Acyclovir
d) Antibiotic tetracycline or topical flagyl

**59. Psoralin ultraviolet ray A (PUVA) all of the following are true except:**

a) useful in vitiligo
b) contraindicated in SLE
c) **Used to treat some childhood intractable dermatosis**
d) Increase the risk of basal and Squamous cell cancer

- **Explanation: Psoralens and ultraviolet A light (PUVA) is medically necessary for the following conditions after conventional therapies have failed:** Nfection, Vitiligo, Severe refractory pruritis of polycythemia vera, Morphea and localized skin lesions associated with scleroderma
- **PUVA** should be used in the lowest doses possible as higher doses and more exposure increase the risk of skin cancer
- **Psoralens should not be used by:** Children under age 12, because the UV light therapy may cause cataracts, People who have diseases that make their skin more sensitive to sunlight (such as lupus), Fertile men and women who do not use birth control. There is a small risk of birth defects., Pregnant women, because of possible effects on developing fetuses
- **Side effects (short-term) :** Skin redness & itching, headache, nausea & Burns.The spread of psoriasis to skin that was not affected before (Koebner's response).
- **Side effects (long-term) :** Squamous cell carcinoma & Melanoma.

**60. Patient with eruptive purpuric rash, hepatosplenomegaly:**

a) **Epstein-Barr virus infection**

**61. a lady with 9 weeks history of elevated erythematous wheals overall her body , she also has lip swelling, no Hx of recent travel ,food allergy or drug ingestion, Dx:**

a) **chronic angioedema & urticarial**
b) contact dermatitis
c) solar dermatitis
d) cholinergic dermatitis

- **Chronic urticaria** : if more than 6 months
- **Solar urticaria** : due to sunlight
- **Cholinergic urticaria:** due to brief increase in body temperature.
- **Cold urticaria :** due to exposure to cold

**62. Patient with Acne take retinoids for management of acne, side effect is**

a) **No choices written**

- **The side effects of retinoid are:**
  1) **Dry skin, eye, lips, hair & genetalia.**
  2) **Sun sensitivity.**
  3) **body ache&joint pain**
  4) **decreased night vision**
  5) **increased triglyceride levels**
  6) **liver and kidney toxicity**
  7) **Pseudo tumor cerebri**

**63. 70 years old man c/o fever, vesicular rash over forehead management:**
a) IV AB
b) IV antiviral
c) **Acyclovir**

- **Acyclovir is indicated in :**
  8) **Genital herpes simplex**
  9) **Herpes simplex labialis**
  10) **Herpes zoster**
  11) **Acute chickenpox in immunocompromisedpatients**
  12) **Herpes simplex encephalitis**
  13) **Acute mucocutaneous HSV infections in immunocompromised patients**
  14) **Herpes simplex keratitis**
  15) **Herpes simplex blepharitis**
  16) **Prophylaxis in immunocompromised patients**

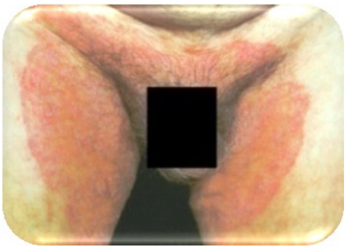
**64. Athlete who jogs on daily basis presented with groin rash with erythema, the Rx:**
a) Topical antibiotic
b) **Topical antifungal**
c) Topical steroid

**65. 42 years old man presented with sudden eruption all over the body with palm & foot ,, most likely Dx.:**
a) syphilis
b) erythema nodosam
c) erythema multiform
d) **Fixed drug eruption**
e) pytriasisroscia

- **Syphilis** Is sexually transmitted disease, & it is one of the infectious diseases, has dermatological manifestation: painless papule develops and soon breaks down to form a clean based ulcer (chancre with raised, indurated margins.
- **Erythema multiforme**: most cases related to drug ingestion majority of cases related to antibiotics (penicillin, sulfonamides), anticonvulsants (phenytoin, carbamazepine, Phenobarbital, lamotrigine), NSAID, allopurinol, minority of cases may be infection- related (mycoplasma pneumonia, herpissemplix) involve skin including perineum and genitals, mucous membranes ( eyes, mouth, pharynx) It varies from a mild, self-limited rash (E. multiforme minor) to a severe, life-threatening form (E. multiforme major, or Stevens-Johnson syndrome) that also involves mucous membranes. The skin form of E. multiforme, far more common than the severe form, usually presents with mildly itchy, pink-red blotches, symmetrically arranged and starting on the extremities
- **Erythema nodosum** (red nodules) is an inflammation of the fat cells under the skin (panniculitis). It occurs 3-6 weeks after an event, either internal or external to the body that initiates a hypersensitivity reaction in subcutaneous fat and is frequently associated with fever, malaise, and joint pain and inflammation. It presents as tender red nodules on the shins that are smooth and shiny.
- **Fixed drug eruptions** are more common on the limbs than the trunk; the hands and feet “not necessarily palms and soles”. Lesions may occur around the mouth or the eyes. The genitals or inside the mouth may be involved in association with skin lesions or on their own, Can be caused by: acetaminophen, sulfonamide antibiotics, tetracycline, Phenobarbital, phenolphthalein.
- **Pityriasis rosea** most often affects teenagers or young adults. In most cases there are no other symptoms, but in some cases the rash follows a few days after a upper respiratory viral infection. Herpes viruses 6 and 7 have sometimes been associated with pityriasisrosea. It begins with one large (2-5cm),oval herald patch, smaller secondary multiple lesions appear within 1-2 weeks.

**66. 10 years old boy presented with a 5 days history of skin lesion which was scaly and yellowish. The diagnosis is**

a) **Tenia corporum**



**67. photo show erythema at lower abdomen, groin and thighs:**

a) Erythema
b) Sebboric dermatitis
c) **Tinea Cruris**

**68. Children with eruption within 5 days on all skin**

a) Varicella
b) erythema nodosum
c) erythema multiform
d) **fixed drug eruption**

**69. sun burn, hypertensive patient on hydralazine beside using sun protective:**

a) Discontinue anti HPN
b) Daily paths
c) Use mink oil
d) **Avoid sun exposure**
e) Frequent paths

**70. 32 years old patient come to you worries about one of his moles , giving history that his father had moles excisional biopsy done to him but now he has metastasis in lungs , bones and liver , what will come to your mind about malignant change of mole :**

a) **irregular border**
b) presence in the thigh
c) homogenous colour

- **Explanation: The ABCDEs of melanoma: Asymmetric, Irregular Border, Irregular Color, Diameter > 6 mm, Evolution: changing or new lesion.**

**71. Sun burn not responding to antisun creams how you could manage this patient because he spent many times near the sea ( take some cold shower after return back , give him prednizon orally ):**

a) **antifungal tinea versicolor**

**72. Erythema nodosum :**

a) **painful red nodules**

**73. Picture of wart in hand what is the diagnosis:**

a) **HPV**



**74. child with eczema flare up he is on steroid and having itching disturb his sleeping:**

a) **give antihistamine**
b) topical( cream) steroid

**75. Patient has this painful lesion. The Dx:**

a) Herpes zoster
b) **Folliculitis**
c) Cellulitis

**76. Lichen planus most common site:**
a) Scalp
b) Neck
c) **Knee**
d) Buttocks

- **Lesions usually develop on flexural surfaces of the limbs, such as the wrists (see the image below). After a week or more, a generalized eruption develops with maximal spreading within 2-16 weeks**

**77. Child with loss hair in the temporal area with microscopic finding Dx:**
a) Alopecia
b) **Kerion**

**78. Acne topical antibiotic:**
a) **clindamycin if Non inflammatory**
b) Benzoyl or topical retinoic acid if inflammatory

**79. Female with problem in school -manual removal of her hair (baldness) :**
a) **Trichotillomani**

**80. Best treatment in acne rosea:**
a) Amoxicillin
b) Clindamycin
c) Erythromycin
d) Doxycyclcin
e) **Metronisazole then tetracyclin**

**81. Picture of skin with purple flat topped polygonal papules, dx:**
a) **Lichen planus**



**82. Male patient with scaly fine papular rash on front of scalp, nose and retroauricular, what is the treatment:**
a) **Ketoconazole cream**
b) Oral augmentin

- **Explanation: tinea capitis: single or multiple patches of hair loss, sometimes with a 'black dot' pattern (often with broken-off hairs), that may be accompanied by inflammation, scaling, pustules, and itching.**
- **Treatment : oral antifungal agent; griseofulvin is the most commonly used drug, but other newer antimycotic drugs, such as terbinafine, itraconazole, and fluconazole have started to gain acceptance.**
- **Diagnosis: Wood's lamp examination**

**83. Xanthoma:**
a) On lateral aspect of the upper eyelid.
b) Hard plaque.
c) Around arterioles.
d) Is not related to hyperlipidemia.
e) **Deposited in dermis.**

- **Explanation: They are usually soft plaques that are located in the dermis at the inner aspect of the upper eyelid.**

**84. Child with atopic dermatitis, what you will give other than cortisone:**

- **TREATMENT: Prophylactic measures include use of nondrying soaps, application of moisturizers, and avoidance of known triggers.**
- **Treat with topical corticosteroids (avoid systemic steroids in light of their side effect profile), PUVA, and topical immunomodulators (e.g., tacrolimus, pimecrolimus).**
- **Topical corticosteroids should not be used for longer than 2–3 weeks.**

**85. Patient was presented by blepharitis, acne roseca, but no keratitis, what is the best treatment:**
a) Topical chlorophenicol.
b) Topical gentamicin.
c) **Oral doxycyclin.**

**86. case scenario: oral and genital ulcer with arthritis:**
a) **behcet disease**
b) syphilis
c) herpes simplex

**87. What is the most effective treatment for rocasea:**
a) **Clindamycine**
b) Erythromycin
c) Topical steroids

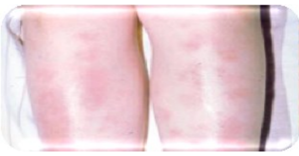
- **Explanation: if mention tetracycline choose it.**
- **Treatment of Rosacea :**
  1) **Oral tetracyclines& topical metronidazole or topical erthyromycin or topical clinamycine.**
  2) **For severe case : isotretinoin, surgical treatment for rhinophyma**

**88. 23 years old history of URTI then he developed ecchymosis best treated:**
a) Local AB
b) Local antiviral
c) **Steroid**

**89. 35 year old smoker , on examination shown white patch on the tongue, management:**
a) Antibiotic
b) **Excisinal biopsy**
c) Close observation

- **A biopsy should be done, and the lesion surgically excised if pre-cancerous changes or cancer is detected.**

**90. Patient known case of ulcerative colitis with erythematous rash in lower limb, what is most likely diagnosis:**
a) **Erythema nodusum**



**91. Patient known to have ulcerative colitis coming with skin lesion around Tibia which is with irregular margins, what is most likely diagnosis:**
a) **Pyodermagangirenosum**



**92. Child with piece of glass, beans , battery deep in ear canal what to do:**
a) best pick with forceps
b) **No irrigation**

**93. Live guard come to annual examination, no compliant, muscular discoloration, painless over the face , there is history for exposure unprotected to sun rays:**

a) **Squamous cell carcinoma**

**94. All are true in black hairy tongue, EXCEPT:**

a) Hydrocortisone can be used.
b) **Advice patient not brush his tongue.**

- **Explanation: Black hairy tongue: Defective desquamation of the filiform papillae that results from a variety of precipitating factors (poor oral hygiene, use of medications e.g. broad- spectrum Abx& therapeutic radiation of the head & neck). All cases are characterized by hypertrophy and elongation of filiform papillae with a lack of desquamation.Seen more in those: tobacoo use, heavy coffee or tea drinkers, HIV +ve. Rarely symptomatic. Rx: In many cases, simply BRUSHING THE TONGUE with a toothbrush or tongue scraper is sufficient. . Medication: if due to candidiasis: Antifungal (Nystatin), Keratolytic agents (but irritant).**

**95. Picture, hyperkeratotic, scaly lesion over the extensor surface of knee and elbow, what to do to avoid exacerbation:**

a) Avoid sun exposure
b) Steroid
c) **Avoid trauma**

**96. Baby with red macule & dilated capillary on the right side of the face:**

a) **Sturge-Weber Syndrome or Nevus Flammeus "Don't choose milia or cavernous haemangioma"**

**97. 10 year old present with erythematous scaly areas pruritic in face scalp and flexor area as shown in picture dx is:**

a) **Atopic dermatitis**

**98. Type of acne pustule with discharge:**

a) **Inflammatory**

**98. Second degree burn in face and neck:**

a) **Hospitalization**

**99.photo for face showing red area at angle of nose and he suffer from erythema and scaly at this area , chest and scalp :**



a) scabies
b) atrophic dermatitis
c) **Seborrheic dermatitis**

**100. picture of child with red rash on flexor surfaces :**

a) **Atopic dermatitis**

**101. child with round palpable red rash on his right leg no pain or itching for long time :**

a) **Granuloma annular**
b) Tenia corpora
c) Erythema nodosum
d) Migratory

**102. Laser therapy in derma ( PUVA):**
a) Used in treatment of Eczema and psoriasis

**103. The goal of early management of inflammatory acne:**
a) To prevent physical scar

**104. Pyoderma gangrenosum treated by :**
a) Treatment by corticosteroids and cyclosporine.

**105. Coffee-de latte confirms diagnosis of Neurofibromatosis:**
a) Arch-leaf nodule
b) Axillaries and inguinal freckling

**106. Female with Acne not responding to Steroid and antibiotics you decided to give her Ricotan but before that what you will tell her about this medication:**
a) Cause birth defect
b) Increase in Acne before decrease it

**107. Asthma + skin lesion:**
a) Atopic dermatitis

**108. Female with red rash under breast, after wash this rash with moist what give:**
a) Topical antibiotic
b) Antifungal powder
c) Solution
d) Steroid

**109. Patient with family history of allergy has scaling skin and itching in face and anticubital fossa, the diagnosis:**
a) seborrheic dermatitis
b) Contact dermatitis
c) Atopic eczema

**110. Young female she have vulvar irritation she goes to her doctor and advise her to stop buble bath ! She stopped but still she have this irritation on examination It was waxy with some thingspeaked what is the diagnosis:**
a) Atopic dermtisist
b) Contactdermtisiis
c) Linchsipmplex
d) Linch complex chronicus

**111. picture appear with vesicle , bulla and erythema in chest skin so ttt:**



a) acyclovir cream
b) betamethzone cream
c) famciclovire 500 MG EVERY 8 HR 7 DAYS
d) Erythromycin

- **This case is "herpes zoster".**
- **Treatment of herpes zoster is antiviral, analgesic, Antiviral are (systemic) and include: acyclovir, famciclovire.**

**112. Baby with vesicles on the face and honey comb crust which of the following organism cause it:**
a) **Staph aureus**

**113. Classical characteristic for genital herpes.**
a) **Painful ulcers & vesicles**

**114. Patient with cystic nodule (acne) and scars , what is the best treatment :**
a) **Retinoid**
b) Erythromycin
c) Doxycyclin

**115. Recurrent swelling in the anal cleft with skin tract and recurrence , Dx :**
a) **Hidradenitis suppurativa**
b) Furunculosis

**116. Prostitute with multiple sex partners presents with history of painless vaginal sore which healed and did not leave scar. O/E has generalized lymphadenopathy. What is your diagnosis:**
a) **Syphilis**

**117. Patient presents with red, peeling rash at back of ears, on limbs and over body. What is the first line treatment:**
a) Topical steroid
b) Oral Steroid
c) **Oral Antibiotic**

- **The diagnosis: scarlet fever :The cutaneous rash, , lasts for 4-5 days, followed by fine desquamation, one of the most distinctive features of scarlet fever. The desquamation phase begins 7-10 days after resolution of the rash, with flakes peeling from the face. Peeling from the palms and around the fingers occurs about a week later and can last up to a month or longer. The extent and duration of this phase are directly related to the severity of the eruption**
- **Antibiotic therapy is the treatment of choice for scarlet fever: Penicillin remains the drug of choice (documented cases of penicillin-resistant group A streptococcal infections still do not exist). A first-generation cephalosporin may be an effective alternative, as long as the patient does not have any documented anaphylactic reactions to penicillin. If this is the case, erythromycin may be considered as an alternative.**

**118. Itching scale in back of knee. face and ant elbow :**
a) scapis
b) **Eczema**
c) Contact dermitis

- **eczema: the earliest lesion affect anticubital and popliteal foss**
- **lesions are ill defined erythematous,scaly, patches and plaques**

**119. Post-partum women when she went back to work, she exposed to the sun and started to have brown discoloration in her face. What is the diagnosis?**
a) uritcariA pigementosa
b) **melasma/chloasma**

- **A patchy browen or dark brown skin discoloration, that usually occurs on face and may result from hormonal changes, generally found in sun exposed areas.**

**120. Child with high fever and after 2 day develop sorethorate on examination there is congested thorat and pharynx and white to yellowish papule on erthymatus base in mouth and lip what is most likely DX:**

a) Coxsacki virus
b) **Herps simplix virus**
c) EBV

**121. Picture of Patients legs (calves) showing maculopapular rash. H/O red rah appearing on extensor surfaces. Rash is tender to palpate but does not blanch on pressure. What is the diagnosis:**

a) **Henoch-Schnolein Purpura**
b) Polyarteritis nodusa

**122. Young male complains of generalized skin lesions and redness, before that there is a hx of mouth and lips swelling for couple of days the its denied any hx of traveling or unusual exposure:**
**the is the Dx**

a) **Urticaria**
b) coxsackievirus infection
c) cold urticaria
d) hot urticarial

**123. Patient has a scaly hypopigmented macules on the chest and arms they seem even lighter under the sunlight, what is the ttt:**

a) Topical steroid
b) **Na selinum**
c) Topical antibiotics
d) Oral antibiotics

- **Diagnosis : Pityriasis alba or pityriasis versicolor**

**124. 25 years old male complaining from scaly lesion in his chest , then become hypopigmented , last 2 months in winter he spend his time near to the sea, by examination showed hypopigmented lesion over chest & arms Dx :**

a) Vitiligo
b) **Taenia versicolor**

**125. Old black macule on his back with irregular border and color variation :**

a) Squamous cell carcinoma
b) Basal cell carcinoma
c) **Melanoma**
d) Acanthic keratosis

**126. Child with eczema on 1% hydrocortisone what other medication you can add:**

a) Dexamethazon
b) Cyclosporine
c) **Tacrolimus**

**127. picture of bulls in food ... In biosy there is epidermal lysis and on immunoflurescent deposition of IgG**

a) **Bulls pemphigoid**
b) Pemphigoid valgarius

**128. What is the most specific test for syphilis:**

a) TPI
b) FAAT
c) **treponema antibody absorption test FTA-ABS**

**129. Patient with hypopigmented macules,loss of sensation,thickend nerves.diagnosis was leprosy.which type:**
a) tuberculoid
b) lepromatous
c) borderline

**130. treatment of psoriasis:**
a) Topical steroid

**131. patient with moderatly severe acne valgarus best ttt:**
a) oral isotretinoin
b) topical retinoid
c) topical clindamycine
d) Oral antibiotic

**132. 19 years old yong male with good body and well muscular with bad mouth breath c/o Acne:**
a) He use anabolic steroid

**133. Patient with vesicle in mouth with gingivitis and also vesicle in arm and leg most likely cause:**
a) HSV type 1
b) HSV type2

**134. Infant has genital rash ( the rash spares genital fold ) not response to antibiotics , most likely Dx:**
a) candida albican
b) napkin dermatitis (diaper dermatitis)
c) contact dermatitis
d) atobic dermatitis
e) sebborich dermatitis

**135. use of antibiotic in acne :**
a) to prevent spread
b) to decrease scaring

**136. child with 2*2 cm hair loss at the temporal area , normal examination , microscopic examination of hairs arround the area show clubbed and attenuated hairs , the diagnosis is :**
a) tinea capitus
b) alopecia areata
c) Trichotillomania
d) Telogen Effluvium

**139. Tinea capitis RX:**
a) start Nystatin
b) wood lamp

**137. Patient when examined you noticed absence of eye lashes and thin hair what is the diagnosis:**
a) Trichotillomania

**138. The best description of the lesion in herpes :**
a) soft tender chancer
b) firm non-tender chancer
c) raised tender papule
d) vesicle with fluid material

**140. 6 years old school going boy complain of itchy scalp and his 10 friends have the same problem what is your diagnosis:**

a) lice (Pediculus humanus capitis)
b) Tnea capitis
c) Seborric dermatitis
d) Scabies

**141. 12 years old female , non-pruritic annular eruption in the right foot for 8 months , looks pale and not scaling , no response to 6 weeks of miconazole:**

a) discoid lupus erythramotosis
b) erythema nodosum
c) tinea corporis
d) granulomatous annulare
e) choricum marginatum

**142. Picture of a patient with psoriasis how to decrease keratinization:**

a) Frequent bath
b) Avoid sun
c) Antibiotic

**143. Patient with scaly lesions around mouth and ear:**

a) Clue cells on urine analysis indicate
b) Bacterial vaginosis

- **Note: Clue cells are epithelial cells covered with bacteria seen in urine analysis**

**144. Side effect of Retin-A Gel in treatment of Acne:**

a) Increase breast tissues.
b) Sensitivity to Sunlight.
c) Increase oil in the skin.

**145. All the following are treatment of scabies except :**

a) Crotamiton
b) Lindane
c) Permethrin
d) Albendazole

**146. Hx of alopecia started from temporal then occipital reached to frontal Dx:**

a) Androgenic alopecai
b) Alopecia arreata

**147. Treatment of cold-induced urticaria:**

a) Cimetidine
b) Diphenhydramine.

**148. Picture of infant with brown to black lesion in his abdomen about 4X5 cm, painless, not itchy, not presented at birth, slowly in growing, he is otherwise healthy, the parents are worry,?**

a) FNA
b) Reassurance
c) biopsy and consult neurologist

- **unclear without the picture**

# SMSE PRE TEST

To simulate the SMSE and the time constraints imposed by the exam; Your Guide to Succeed in Saudi Medical Selection Exam, Fourth Edition, Provides comprehensive self-assessment in form of multiple- choice questions, the one best response to each question should be selected.

Each question in this section has a corresponding answer at the end.

1. **Childhood asthma all are true except**
   a) 90% bronchospasm are induced by exercise.
   b) Inhalation of beclamethasone is safe.
   c) Inhalation by aerospace chamber in younger child.
   d) Hypercapnia is the first physiological change.
   e) Cough is the only symptom.

2. **What can you give to increase iron absorption to the body:**
   a) Vitamin E
   b) Vitamin C
   c) Zinc

3. **Factors associated with an increased relative risk of breast cancer include all of the following EXCEPT:**
   a) Nulliparity.
   b) Menopause before age 40.
   c) A bipsy showing fibrocystic disease with a proliferative epithelial component.
   d) First term pregnancy after age 35.
   e) Early menarche

4. **12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?**
   a) His parent desire
   b) Family history of early CVA
   c) High BMI

5. **Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:**
   a) Before pregnancy
   b) $1^{st}$ trimester
   c) $2^{nd}$ trimester
   d) $3^{rd}$ trimester

6. **At what level lumbar puncture (LP) done at :**
   a) L3-L4
   b) L2-L3
   c) L5-S1

7. **Patient taking bupropion to quit smoking what is Side effect?**
   a) Arrhythmia
   b) Seizure
   c) Xerostomia
   d) Headache

8. **Which of the following increases the quality of the randomized controlled study & make it stronger**:
   a) Systemic Assignment predictability by participants
   b) Open Allocation
   c) Including only the participants who received the full intervention
   d) Following at least 50 % of the participants
   e) Giving similar intervention to similar groups

**9. child developed fever, headache after rupture of maculi lesion on his face**
a) HSV1
b) HSV2
c) Varicella
d) CMV
e) Rubella

**10. important tools for listening to a patient include:**
a) Using tools for asking.
b) Imagination.
c) Using similar words and expressions as the patient.
d) A sense of humor.
e) All of the above.

**11. The best indicator of labor progression is:**
a) Dilatation
b) Degree of pain
c) Fetal heart rate
d) Decent
e) Dilatation and decent

**12. The way to determine the accuracy of occult blood test for 11,000 old patients is by measuring:**
a) Sensitivity
b) Specificity
c) Positive predictive value
d) Negative predictive value

**13. Wound, with greenish discharge, Gram +ve in long chain:**
a) Streptococcus
b) Proteus
c) Chlamydia

**14. All of the following will help to prevent poor medication compliance except:**
a) clear written instructions
b) making patient active participant
c) convenient appointments
d) warning against the adverse effects of not taking the medications

**15. Which vitamin has a protective effect against colon cancer**
a) vitamin K
b) vitamin D
c) Folic acid
d) Vitamin C

**16. Best sentence to describe specificity of screening test ,is the population of people who :**
a) Are negative of disease, and test is negative
b) Are positive of disease, and test is negative
c) Are positive comparing to total other people
d) Negative disease , positive test
e) Positive disease , negative test

**17. Female patient developed sudden loss of vision "both eyes" while she was walking down the street, also complaining of numbness and tingling in her feet, there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action?**

a) Call ophthalmologist
b) Call neurologist
c) Call psychiatrist
d) Reassure her and ask her about the stressors

**18. Psycatric (Bipolar) patient with liver impairment best to give?**

a) Fluxitine
b) Lithium

**19. Best method to prevent plague is :**

a) Hand wash
b) Kill rodent
c) Avoid contact with people

**20. advice to patient to avoid food high in cholesterol like:**

a) Vhicken
b) Tuna
c) Liver
d) Egg white

**21. Patient with heart disease complain of lower limb ischemia your advice**

a) Refer to cardiology
b) Refer to vascular surgery
c) Start heparin

**22. Old male patient, smoker, alcoholic, fatigue, debilitated, back abdominal pain (scenario didn't mention to jaundice or lab findings), what is the diagnosis?**

a) Acute pancreatitis
b) Chronic pancreatitis
c) Pancreatic Carcinoma
d) Insulinoma

**23. About Kernicterus, all are true EXCEPT:**

a) Can occur even if neonate is 10 days old.
b) It causes neurologicl abnormalities, it can be reversed.
c) Can cause deafness.
d) All types of jaundice cause it.

**24. 43 years old man is brought to the emergency department after a motor vehicle accident involving a head-on collision. He mentioned that he is having headache and dizziness. During his overnight admission for observation, he developed polyuria and his serum sodium level rises to 151 meq/L. All of the following tests are indicated EXCEPT:**

a) Overnight dehydration test.
b) Measurement of response to desmopressin
c) MRI scan of the head
d) Measurement of morning cortisol level
e) Measurement of plasma and urine osmolality.

**25. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do**

a) Topical steroid
b) Topical antibiotics
c) Oral antibiotics
d) Nothing

**26. Long use of topical corticosteroid lead to:**

a) Rise intra ocular pressure
b) Cataract
c) Ptosis
d) Keratoconus

**27. 40 years old white male is transferred to your institution in septic shock less than 24 hours after onset of symptoms of a non-specific illness. He underwent a splenectomy for trauma 5 years ago. Antibiotic coverage must be directed against:**

a) Streptococcus, group A.
b) Klebsiella pneumonia.
c) Staphylococcus aureus.
d) Escherichia coli.
e) Streptococcus pneumonia.

**28. The strongest type of epidemiological studies is:**

a) Prospective cohort studies
b) Retrospective control case studies
c) Cross sectional
d) Time line

**29. Burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:**

a) Leukocytosis
b) Neutropenia
c) Electrolyte disbalance
d) Hypokalemia

**30. A 30 year old man presented with feeling of heaviness in the lower abdomen. On examination he had a small bulge palpable at the top of the scrotum that was reducible & increases with valsalva maneuver. The most likely diagnosis is:**

a) Indirect inguinal hernia
b) Direct inguinal hernia
c) Femoral hernia
d) Hydrocele
e) Varicocele

**31. All of the following are side effects of furosemide except:**

a) Hyperkalemia
b) Hypoglycemia
c) Bronchospasm
d) Haemolytic anemia
e) Pre-renal azotemia

**32. Patient was presented by tremor, fever ,palpitation ,diagnosed as case of hyperthyroidism, what is your initial** treatment:
a) Surgery.
b) Radio iodine
c) Beta blockers
d) Propylthioracil

**33. Whooping cough in children, all are true EXCEPT:**
a) Absolute lymphocytosis.
b) Can cause bronchiectasis.
c) Patient is infective for 5 weeks after onset of symptoms

**34. Old patient with abnormal ear sensation and fullness, history of vertigo and progressive hearing loss , invx low frequency sensorial hearing loss Dx**
a) Acoustic neuroma
b) Neuritis
c) Meniere's disease

**35. Acute appendicitis:**
a) Occurs equally among men and women.
b) With perforation will show fecoliths in 10% of cases
c) Without perforation will show fecoliths in fewer than 2% of cases
d) Has decreased in frequency during the past 20 years.
e) Presents with vomiting in 25% of cases.

**36. Sign of congestive heart failure in children all .EXCEPT**
a) Gallop rhythm
b) Periorbital edema
c) Basal crept.
d) Hepatomegaly
e) Bounding pulse

**37. RTA with hip dislocation and shock so causes of shock is**
a) blood lose
b) urethral injury
c) neurogenic

**38. A man has excessive worry form germs on his hand**
a) Specific phobia
b) Agoraphobia
c) OCD

**39. Mother brought her 10 years old obese boy to the family practice clinic ,what is your advice:**
a) Same dietary habits only exercise
b) Fat free diet
c) Multifactorial interventions

**40. Hospitalized child (on chemotherapy) and when start IV access develop sepsis organism:**
a) E. coli
b) Pseudomonas
c) Strep

**41. Female with red rash under breast, after wash this rash with moist what give:**

a) Topical antibiotic
b) Antifungal powder
c) Solution
d) Steroid

**42. Patient just received organ transplantation what is the sign of acute rejection:**

a) Fever
b) Hypotension

**43. Which is true about gonoccocal infection?**

a) Less common in females with IUCD.
b) Causes permanent tubal blocking.
c) No need for laparoscopic for further evaluation.

**44. Patient with long history of UC on endoscopes see polyp and cancer lesion on left colon so ttt**

a) treatment of anemia
b) total colectomy
c) Left hemicolectomy
d) remove polyp

**45. Female patient known to you since 3 years ago has IBS, she didn't agree with you about that, you do all the investigation nothing suggestive other than that, she wants you to refer her. at this case ,what you will do**

a) You will response to her & refer her to the doctor that she is want
b) You will response to her & refer her to the doctor that you are want.

**46. A 6 years old girl is brought to the family health center by her mother. The child today had sudden onset of a painful sore throat, difficulty swallowing, headache and abdominal pain. The child has had no recent cough or coryza and was exposed to someone at school that recently was diagnosed with a "strep throat". On examination the child has a temperature of 40oC. She has tender anterior cervical nodes and exudative tonsils. The lungs, heart, and abdominal examination are benign. What treatment would you offer for this child?**

a) Zithromax
b) Penicillin V
c) Ciprofloxacin
d) No antibiotics, rest, fluid, acetaminophen, and saline gargles.
e) Trimothoprim.

**47. All of the following are anti-arrhythmic drugs, except:**

a) Xylocain
b) Digoxin
c) Quinidine
d) Amiodarone
e) Procainamide

**48. Healthy patient with family history of DM type 2, the most factors that increase chance of DM are:**

a) HTN and Obesity
b) Smoking and Obesity
c) Pregnancy and HTN
d) Pregnancy and Smoking

**49. Group A Hemolytic streptococcus, causes rheumatic fever when:**
a) Invade blood stream
b) Invade myocardium
c) After tonsillitis and pharyngitis
d) Skin infection

**50. all of the following is extrapyramidal Symptoms except :**
a) Dyskinesia
b) Akathesia
c) Bradykinesia
d) colonic - tonic convulsion

**51. study done on 10,000 people for about 3 years in the beginning of the study3,000 developed the disease and 1,000 on the end of the study what is the incidence:**
a) 10.3%
b) 12.5%
c) 20%

**52. A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80 and RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step?**
a) FAST Ultrasound
b) DPL (Diagnostic peritoneal lavage)
c) Explore the wound
d) Arrange for a CT Scan
e) Exploratory laparotomy

**53. Primary amenorrhea due to:**
a) Failure of canalization of mullarian duct
b) Kallmann syndrome
c) Agenesis
d) All of the above
e) None of the above

**54. Critical count of platelets which lead to spontaneous bleeding is:**
a) 20000
b) 50.000
c) 75.000
d) 100.000
e) 200.000

**55. Obese patient recently diagnosed to have DM II. He is following a diabetic diet regimen and he exercises regularly. When he came to you in the next visit... His blood sugar was high and he gained 5 kgs... He was also complaining of thirst and hunger, what would you give him:**
a) Long-acting insulin
b) Metformin
c) Short-acting insulin
d) Sulfonylurea

**56. Unconscious patient in ER, your action during wait your senior?**
a) ABC.
b) CT scan

**57. All can be used for the treatment of acute gout EXCEPT:**
a) Allopurinol.
b) Penicillamine.
c) Gold salt.
d) Paracetamol.
e) Indomethacin.

**58. Old man came complain of progressive hearing loss , it is mostly propounded when he listening to the radio, he does not has any symptoms like that before Weber and rinne tests result in bilateral sensorineuralhearig loss.. Diagnosis:**
a) Meniere's disease
b) Otosclerosis
c) Noise induced deffnese
d) Hereditary hearing loss

**59. Which of following favor diagnosis of SLE?**
a) Joint deformity
b) Lung cavitations
c) Sever raynaud phenomenon
d) Cystoid body in retina
e) Anti RNP+

**60. Baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he**
a) 8 months
b) 10 months
c) 12 month
d) 18 month

**61. Patient with chronic heartburn, treated with antacids, no improvement waht next action:**
a) another antacids
b) h2 blockers
c) PPIs
d) prokinetic agents

**62. One of the following decreases the chances of colon cancer:**
a) Zinc
b) Vitamin E
c) Folic acid
d) Vitamin C

**63. Cause of Polyhydramnios:**
a) Renal agenesis
b) Duodenal atresia
c) Mother with diabetes insipidus
d) Post mortem pregnancy

**64. Patient has fear ,SOB ,sweating when he is in automobile, DX**
a) Specific phobia
b) panic disorder
c) Generalize anxiety disorder

**65. Chronic Diarrhea is a feature of:**
a) Hypernatremia
b) HyperCalcemia
c) Hypomagnesaemia
d) Metabolic Alkalosis

**66. Common site of anal fissure is :**
a) Anterior
b) Posterior
c) Lateral

**67. Two absolute contraindications to DTP and DTaP:**
a) An immediate anaphylactic reaction &encephalopathy within 7 days.
b) Seizure within 3 days of immunization
c) crying within 3 days for 3 or more hours within 48 hours
d) Collapse or shock-like state within 48 hours
e) Temperature ≥ 40.5°C (104°F) within 48 hours

**68. Old patient has loin painwith high serum urea and creatinine, U/S showed bilateral hydronephrosis, what is the most common cause?**
a) Ureteral stricture
b) Retroperitoneal fibrosis
c) Bladder neoplasm
d) Prostate cancer

**69. Sickle cell anemia patient presented with unilateral hip pain, most likely diagnosis is:**
a) Septic arthritis
b) Avascular Necrosis

**70. 60 years old patient has only HTN best drug to start with:**
a) ACEI
b) ARB
c) Diuretics
d) Beta blocker
e) Alpha blocker

**71. 45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with her husband since 20 year ago on examination no abdominal tenderness , erythema on lower vagina , mild Gray discharge, no history of UTI or pyelonephritis , Most probable diagnosis:**
a) Vaginitis
b) Cystitis
c) CA of vagina
d) Urethritis

**72. The specificity is:**
a) When the person does have the disease with +ve test
b) When the person does have the disease with -ve test
c) When the person does not have the disease with +ve test
d) When the person does not have the disease with -ve test

**73. antidepressant action starts within**

a) 1 day
b) 1 wk
c) 2wk
d) 3-4 wk

**74. What is the most effective treatment for rocasea**

a) Clindamycine
b) Erythromycin
c) Topical steroids

**75. What a 4 years child can do : (Draw square)**

a) Draw square 4 years & triangle 5 years
b) Say complete sentence
c) Tie his shoes 5 years

**76. Non-hormonal treatment for post-menopausal flushing?**

a) Paroxetine
b) Black choch
c) Something estrogen
d) Amlodepine
e) Nortriptyline

**77. Old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:**

a) Bartholin cyst
b) Bartholin gland carcinoma
c) Bartholin abscess

**78. Hyperkalemia is characterized by all of the following except:**

a) Nausea and vomiting.
b) Peaked T-waves.
c) Widened QRS complex.
d) Positive Chvostek sign.
e) Cardiac arrest in diastole

**79. 35 years old female patient complaining of acute inflammation and pain in her Left eye since 2 days, she gave history of visual blurring and use of contact lens as well, On examination: fluorescence stain shows dentritic ulcer at the center of the cornea, what is the most likely diagnosis?**

a) Corneal abrasion
b) Herpetic central ulcer
c) Central lens stress ulcer
d) Acute Episcleritis
e) Acute angle closure glaucoma

**80. Entamoeba histolytica cysts are destroyed best by:**

a) Boiling
b) Iodine added to water
c) Chlorine added to water
d) Freezing

**81. Middle age patient alcoholic with H/O fullness in epigastric region and mild pain, History of nausea and vomiting. Labs: Increased Serum Amylase, Diagnosis**:
a) Pancreatic Pseudocyst
b) Pancreatic Cyst adenoma
c) Choledochal Cyst
d) Liver Cirrhosis

**82. Pregnant women has fibroid with of the following is True:**
a) Presented with severe anemia .
b) Likely to regress after delivery.
c) Surgery immediately.
d) Presented with antepartum hemorrhage.

**83. Coarctation of the aorta is commonly associated with which of the following syndromes:**
a) Down syndrome
b) Turner
c) Pataue
d) Edward

**84. In developing countries to prevent dental caries, it add to water:**
a) Zink
b) Copper
c) Iodide
d) Flouride

**85. Child presented with erythematous pharynx, with cervical lymph nodes and rapid strplysin test negative and low grade fever with positive EBV. it next step**
a) Give antibiotics and anti-pyretic
b) Give anti pyretic and fluids
c) Do culture and sensitivity

**86. What is the first sign of Left Side Heart Failure?**
a) Orthopnea
b) Pedal edema
c) Dyspnea on exertion
d) PND
e) Chest pain



**87. Female with problem in school -manual removal of her hair (baldness) :**
a) Phobia
b) Anxitey
c) Trichotillomania

**88. 70 kg male with a 40% total body surface area burn and inhalation injury presents to your service. The fluid resuscitation that should be initiated is:**
a) Lactated Ringer's solution at 350 ml/hr.
b) D5 lactated Ringer's solution at 700 ml/hr.
c) Lactated Ringer's solution at 100 ml/hr.
d) Normal saline at 400 ml/hr.
e) Lactated Ringer's solution at 250 ml/hr

**89. Patient known case endocarditis will do dental procedure prophylaxis?**
a) 2 g amoxicillin before procedure 1 h
b) 1 g amoxicillin after procedure
c) 2 g clindamycin before procedure 1 h
d) 1 g clindamycin after procedure

**90. In initial evaluation couples for infertility:**
a) Temperature chart
b) Semen analysis
c) Refer to reproductive clinic

**91. Child came to you with barking cough, Stridor and by examination you see "Steeple Sign "what is your diagnosis?**
a) Epiglottis
b) URTI
c) Croup

**92. What is the sign seen in x-ray that represents duodenal atresia in infants?**
a) Double bubble sign
b) triple bubble sign
c) bird peak sign

**93. Child 9 months with congenital heart disease, central and peripheral cyanosis Dx?**
a) Tetralogy of fallot
b) Coarctation of aorta
c) Truncusarteriosus
d) ASD
e) PDA

**94. Shoulder pain most commonly due to:**
a) Supraspinatus
b) Referred pain due to cardiac ischemia
c) Infraspinatus muscle injury
d) In acute cholecystitis

**95. Fluoxetine half life**
a) 1-4 days
b) 6-9

**96. 6 months old with cough and wheezy chest .diagnosis is:**
a) asthma
b) Bronchiolitis
c) pneumonia
d) F.B aspiration

**97. 40 years old female presented to the clinic with central neck swelling which is moving with swallowing. The mass is hard and the patient gave history of dysphagia. You should:**
a) Refer the patient to Gastroenterology for the diagnosis of dysphagia.
b) Admit the patient as a possible cancer thyroid and manage accordingly.
c) Give the patient thyroxin and send her home.
d) If the patient is euthyroid, ask her to come in 6 months.
e) Request thyroid function tests and follow-up in 2 months.

**98. Trichomoniasis :**

a) Associated with cytological abnormalities on PAP smear
b) Associated with pregnancy and diabetes mellitus
c) Is a sexually transmitted parasite which causes pruritic discharge
d) May cause overt warts
e) Is diagnosed on a wet smear which reveals clue cells

**99. The most likely cause of gross hematuria in a 35 years old man is :**

a) Cystitis
b) Ureteral calculi
c) Renal carcinoma
d) Prostatic carcinoma
e) Bladder carcinoma

**100. 50 year old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is:**

a) Acute conjunctivitis
b) Acute glaucoma
c) Corneal ulcer

# Answers

| QUESTION | ANSEWR | QUESTION | ANSEWR | QUESTION | ANSEWR |
|---|---|---|---|---|---|
| 1 | E | 34 | C | 67 | A |
| 2 | B | 35 | D | 68 | A |
| 3 | B | 36 | E | 69 | B |
| 4 | C | 37 | A | 70 | C |
| 5 | A | 38 | C | 71 | A |
| 6 | A | 39 | C | 72 | D |
| 7 | B | 40 | B | 73 | C |
| 8 | A | 41 | B | 74 | A |
| 9 | C | 42 | A | 75 | A |
| 10 | C | 43 | B | 76 | A |
| 11 | E | 44 | C | 77 | C |
| 12 | A | 45 | A | 78 | D |
| 13 | A | 46 | B | 79 | B |
| 14 | C | 47 | A | 80 | A |
| 15 | D | 48 | A | 81 | A |
| 16 | A | 49 | C | 82 | B |
| 17 | D | 50 | D | 83 | B |
| 18 | B | 51 | B | 84 | D |
| 19 | B | 52 | E | 85 | B |
| 20 | C | 53 | D | 86 | C |
| 21 | B | 54 | A | 87 | C |
| 22 | C | 55 | B | 88 | B |
| 23 | D | 56 | A | 89 | A |
| 24 | D | 57 | A | 90 | B |
| 25 | C | 58 | C | 91 | C |
| 26 | B | 59 | D | 92 | A |
| 27 | E | 60 | B | 93 | A |
| 28 | A | 61 | C | 94 | C |
| 29 | B | 62 | C | 95 | A |
| 30 | A | 63 | B | 96 | B |
| 31 | A | 64 | A | 97 | E |
| 32 | C | 65 | D | 98 | C |
| 33 | C | 66 | B | 99 | A |
| | | | | 100 | B |

# SMSE PRE TEST 2

1. **17 years old football player gave history of left knee giving off, the most likely diagnosis is :**
   a) Lateral Menisceal injury
   b) Medial menisceal injury
   c) Lateral collateral ligament
   d) Medial collateral ligament
   e) Anterior Cruciate ligament

2. **Type 1 diabetic, target HA1C:**
   a) 9
   b) 8
   c) 6.5

3. **Middle aged male s involved in RTA, his RR is 30/min, heart sounds are muffled& the JVP is elevated, BP: 80/40 & a bruise over the sternum, what is the diagnosis?**
   a) pericardial tamponade
   b) Pneumothorax
   c) pulmonary contusion
   d) Hemothorax

4. **What is questionnaire used to differentiate between sleep apnea and snoring?**
   a) Michigan
   b) Epworth
   c) Cooner

5. **11 months old baby, 10 kgs, maintenance daily fluid :**
   a) 1000 ml
   b) 500 ml
   c) 2000 ml
   d) 2500 ml

6. **A case of hypothyroidism on thyroxin, , TSH high, what you will do:**
   a) Continue the dose of thyroxin and follow after 3m
   b) Reduce dose
   c) Stop ttt till TSH level be normal

7. **Drug of choice of genaralized anexity dis. Is:**
   a) Acetalopram
   b) Bubropione
   c) Buspirone
   d) beat blocker

8. **Adult polycystic kidney disease is inherited as:**
   a) Autosomal dominant
   b) Autosomal recessive
   c) X linked

9. **The management of breast engorgement:**
   a) Cold compression with stoppage of breast feeding
   b) Cloxacillin with continue breast feeding
   c) Warm compression with continue breast feeding

**10. Most common chromosomal abnormality:**

a) Down's syndrome (trisomy 21)
b) Turner's syndrome
c) Klienfilter's syndrome

**11. 50 years old female with breast cancer and CA125 elevate, So elevation due to**

a) Breast cancer
b) Associate with ovarian cancer
c) due to old age
d) normal variation

**12. Female with atypical Squamous cells of undetermined significance (ASCUS) on pap smear, started 30 day treatment with estrogen & told her 2come back after 1 weak, & still +ve again on pap smear, what's next**

a) Vaginal biopsy
b) Endometrial biopsy
c) Syphilis serology

**13. Female patient did urine analysis shows epithelial cells in urine, it comes from:**

a) Cervix
b) Urethra
c) Ureter
d) Vulva

**14. Physician's carelessness is known as:**

a) Criminal neglect
b) Malfeasance
c) Malpractice
d) Non feasance

**15. Male patient present with prostatitis (prostatitis was not mentioned in the question), culture showed gram negative rodes. The drug of choice is:**

a) Ciprofloxacin "Floqinolon"
b) Ceftriaxone
c) Erythromycin
d) Trimethoprime
e) Gentamicin

**16. Best early sign to detect tension pneumothorax :**

a) Distended neck veins
b) Tracheal shift
c) Hypotension

**17. Female her height is 10th percentile of population, what u will tell her about when spinal length completed, after menarche?**

a) 6m
b) 12 m
c) 24 m
d) 36 m

**18. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non reducible. What is the diagnosis?**

a) Hydrocele
b) Inguinal hernia

**19. Acute Gout management :**

a) Allopurinol
b) NSAID
c) Paracetamol
d) Gold salt

**20. Cause of death in flame burn:**

a) Airway affection
b) Hypovolemic shock

**21. Patient with recent history of URTI, develop sever conj. Injection with redness, tearing, photophobia, so what is TTT?**

a) Topical antibiotic
b) Topical acyclovir
c) Oral acyclovir
d) Topical steroid

**22. Pregnant women has allergy against Sulfa, penicillin and another drug , which drug safe for her**

a) Nitrofurantoin
b) Cemitidine
c) Ciprofloxacin
d) Trimethoxazole

**23. Family went to a dinner party after 6 hours they all had symptoms of abdominal pain, nausea, vomiting and dehydration. Some of them recovered while others needed hospitalization. What's the most likely organism?**

a) Guardia
b) Staph aureus
c) Salmonella
d) c.perfiringis
e) C.boyulism

**24. In a patient with anaphylactic shock, all are correct treatments EXCEPT:**

a) Epinephrine.
b) Hydralazine
c) Adrenaline.
d) Aminophylline.

**25. Which of the following diseases is NOT transmitted by mosquitoes?**

a) Rift valley fever
b) Yellow fever
c) Relapsing fever
d) Filariasis
e) Dengue fever

**26. What is the injection that is routinely given to new-born to inhibit haemorrhage:**
a) Vitamine C
b) Vitamine D
c) Vitamine K
d) Vitamin E

**27. 20 years old man involved in RTA brought to ER by his friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:**
a) CT brain
b) X-ray cervical spine
c) Rapid infusion of crystalloids
d) ECG to exclude hemopericardium
e) U/S abdomen

**28. Which one of these patients with pneumonia will you treat as outdoor patient:**
a) 80 Years old with 104 F temperature, BR 24/min PR 126/min, BP 180/110
b) 60years old with 102 F temperature BR 22/min PR 124/min, BP 160/110
c) 80 years old with 96 F temperature, BR 18/min, HR 70/min, BP 110/80
d) 50years old with 98 F temperature, BR 20/min. HR 110/min, BP 180/110

**29. The first line treatment of panic disorder is:**
a) TCA
b) SSRI
c) Beta blocker
d) Benzodiazpine

**30. Adult to give varicella vaccine**
a) 2 doses 2 weeks apart
b) 2 doses 4 weeks apart
c) 2 doses 6 months apart
d) 3 doses 4 weeks apart

**31. Which of following increase during pregnancy?**
a) Tidal Volume
b) Functional residual volume
c) Total lung Capacity
d) Residual volume
e) Dead Lung Space

**32. Newborn came with red-lump on left shoulder, it is:**
a) Lipoma
b) Haemangioma

**33. Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx :**
a) Osteoarthritis of radial styloid
b) De Quervain Tenosynovitis

**34. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness DX :**
a) Diverticulitis
b) Colon cancer
c) Obstruction

**35. Patient present with high blood pressure (systolic 200), tachycardia, Mydriasis "Dilated pupils", sweating what is the toxicity?**

a) Antichlenergic
b) Sympathomimetic drug
c) Tricyclic antidepressant
d) Organophosphorous compounds

**36. Newborn came with congenital hepatomegaly, high LFT, jaundice the most organism cause this symptoms is:**

a) Congenital TB
b) Rubella
c) HIV
d) CMV

**37. Henosch-Scholeinpurpura affect:**

a) Capillary
b) Capillary and venule
c) Arteriole, capillary and venule
d) Artery to vein

**38. Surgery in C3 colon cancer :**

a) Curative
b) Palliative
c) Diagnostic

**39. Which type of contraceptive is contraindicative in lactation:**

a) OCPs
b) Mini pills
c) IUD
d) Condom
e) Depo-Provera

**40. What is the most specific test for syphilis**

a) TPI
b) FAAT
c) Treponema antibody absorption test FTA-ABS

**41. 70 years old woman presented with a 3 days history of perforated duodenal ulcer. She was febrile, semi-comatose and dehydrated on admission. What is the best treatment?**

a) Blood transfusion, Rehydrate, perform Vagotomy & drainage urgently.
b) NGT suction, Rehydrate, systemic AB & observe.
c) NGT suction, Rehydrate, systemic AB & perform Plication of the perforation.
d) Rehydrate, Blood transfusion, systemic AB & perform hemigastrectomy.
e) none of the above

**42. Patient treated for auditory hallucination and paranoia , He developed : Drooling, Dizziness, Neutropenia, QTc prolongation, Which one can cause these symptoms ?**

a) Clozapine
b) Respirdone
c) Aripiprazole

**43. Gross motor assessment at age of 6 months to be asked is:**
a) Standing
b) Role from prone to supine position
c) Role from supine to prone position
d) Sitting without support

**44. Primary hyperaldosteronism associated with:**
a) Hypernatremia
b) Hypomagnesemia
c) Hypokalemia
d) Hyperkalemia

**45. Common cause of AOM in all age groups:**
a) H influenza
b) St. pneumonae

**46. 25 years old male complaining from scaly lesion in his chest , then become hypopigmented , last 2 months in winter he spend his time neat to sea, by examination showed hypopigmented lesion over chest & arms Dx**
a) Vitiligo
b) Taenia versicolor

**47. All statements are correct for papillary thyroid carcinoma except:**
a) Mainly spread by lymphatic
b) Mainly spread by blood
c) Recurs very late
d) Has very favorite diagnosis
e) may present first with lymph node swelling

**48. Child with DM came with picture of DKA, which HLA is responsible?**
a) DR4
b) DR5
c) DR6
d) DR7
e) DR3 and DR4

**49. Patient known case of IDDM, presented with DKA, K= 6 mmol/L and blood sugar= 350 mg/dl. You will give him:**
a) IV fluid
b) Sodium bicarbonate
c) IV fluid and insulin

**50. Old lady came to clinic as routine visit , she mention decrease intake of Ca food , doctor suspect osteoporosis , next initial investigation :**
a) DEXA
b) Ca in serum
c) Thyroid function test
d) Vitamin D

**51. Female underwent abdominal operation she went to physician for check ultrasound reveal metal clip (10 cm) inside abdomen (missed during operation), what will you do?**

a) Call the surgeon and ask him what to do
b) Call attorney and ask about legal action
c) Tell her what you found and refer her to surgery.
d) Tell her that is one of possible complications of operation
e) Don't tell her what you found

**52. Human bite**:

a) Cleanse and debride as usual
b) Tetanus prophylaxis as indicated
c) Antibiotic prophylaxis Augmentin

**53. Female patient manger since short time, become depressed, she said she can't manage the conflicts that happen in the work between the employees. Diagnosis:**

a) Depression
b) Generalized anxiety disorder
c) Adjustment Disorders

**54. Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely , what is your first thing to do :**

a) Call orthopedic
b) Tourniquet the limb to stop the bleeding
c) Vheck the airway and breathing
d) Give IV fluid

**55. Female complain of painless odorless and colorless vaginal discharge that appear after intercourse so ttt:**

a) Give her antibiotic
b) Douche after intercourse
c) Cervical cancer should be consider
d) May be due to chronic salpingitis

**56. Average length of the menstrual cycle:**

a) 22 days
b) 25 days
c) 28 days
d) 35 days

**57. Cat bite predispose to skin infection by witch organism؟**

a) Staph
b) Strept
c) Pasteurella multocida

**58. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful :**

a) Asking more details about headache
b) Do MRI or CT scan
c) Skull x ray
d) LP

**59. 23 years old female presented with finding of hyperbilirubinemia, normal examination, invstigation shows total biliurubin= 3.1 , direct biliurubin= 0.4, the most likely diagnosis:**

a) Gilbert's disease
b) Criglernajjar syndrome 1
c) Duben Johnson syndrome
d) Rotor's disease
e) Sclerosing cholangitis

**60. Vertigo, inability to perceive termination of movement & difficulty in sitting or standing without visual due to some toxic reacts that likely to occur in 75% of patient with long term use of:**

a) Penicilline
b) Tetracycline
c) Amphotricin B
d) Streptomycin.
e) INH

**61. What could cause painful vision loss:**

a) Acute close angle glaucoma
b) Retinal detachment
c) Retinal vein occlusion
d) Retinal artery occlusion

**62. Patient with Kwashiorkor:**

a) High protein & high carbohydrate.
b) Low protein & high carbohydrate
c) High protein & low carbohydrate

**63. Most commonly affected organ in blunt abdominal trauma is:**

a) Liver
b) Spleen
c) Kidney
d) Intestine

**64. 30 years old man presented with upper abdominal pain and dyspepsia. Which of the following doesn't support the diagnosis of peptic ulcer:**

a) Hunger pain
b) Heart burn
c) Epigastric mass
d) Epigastric tenderness
e) History of hematemesis

**65. Pregnant lady came to antenatal clinic for routine checkup, her Glucose tolerance test was high glucose , diagnosed as gestational DM , management:**

a) Nutritional advice
b) Insulin
c) OHA
d) Repeat GGT

**66. Treatment of opioid toxicity**

a) Naloxone
b) N-Acetylcysteine

**67. Man who received blood transfusion back in 1975 developed jaundice most likely has:**
a) Hepatitis A
b) Hepatitis C
c) Hepatitis D
d) Hepatitis E
e) Autoimmune hepatitis

**68. The separation of chromatid occur in:**
a) Anaphase
b) Metaphase
c) elophase

**69. 19 years sexually active lady came for her annual check-up, she is otherwise healthy using no contraceptive, her pap smear and all investigations are normal. What will you suggest regarding her next check-up?**
a) after 6 months
b) after 1 year
c) after 3 years
d) after 5 years

**70. Patient has complete ptosis in hih right eye. Pupil is out and down, fixed dilated. Restricted ocular movements. dx**
a) 3rd cranial nerve palsy.
b) 4th cranial nerve palsy.
c) 3rd and 4th.
d) 6th cranial nerve palsy

**71. What is the major thing that can tell you that patient have polycythemia vera rather than secondary polycythemia:**
a) Hepatomegaly
b) Splenomegaly
c) Venous engorgement
d) Hypertension

**72. Attention Deficit Hyperactivity Disorder child what is the manegment?**
a) Ecitalpram
b) Atomoxetine
c) Olanzapine
d) Clonazepam

**73. What is the most common serious complication of acute pancreatitis?**
a) Abscess
b) Pseudocyst
c) Bowel obstruction

**74. Asymptomatic woman with trichomoniasis:**
a) Treat if symptomatic
b) Treat if she is pregnant
c) Treat her anyway

**75. Known risk factors for suicide include all the following EXCEPT:**
a) Repeated attempts at self injury.
b) Male sex.
c) Symptoms of depression with guilt.
d) Drug and alcohol dependence.
e) If the doctor asked the patient about suicide.

**76. Pregnant lady with negative antibodies for rubella and measles, what you will give her?**
a) MMR
b) Antibodies
c) Terminate pregnancy
d) Do nothing

**77. Which of the following increases the quality of the randomized controlled study & make it stronger**:
a) Systemic Assignment predictability by participants
b) Open Allocation
c) Including only the participants who received the full intervention
d) Following at least 50 % of the participants
e) Giving similar intervention to similar groups

**78. A lot of bacteria produce toxins which are harmful. Which one of the following is used in amiddirs:**
a) Botulism
b) Tetanus
c) Diphtheria
d) Staph aureus

**79. Patient came with neck swelling; moves when patient protrude his tongue. Diagnosis is:**
a) Goiter
b) Thyroglossal Cyst
c) Cystic Hygroma

**80. Communicable diseases controlled by:**
a) control the source of infection
b) Block the causal of transmission
c) Protect the susceptible patient
d) All of the above
e) None of the above

**81. Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:**
a) Topical steroid
b) Decongestants
c) Antihistamines
d) Systemic Steriods

**82. Patient 22 years old with unilateral headache attacks:**
a) Cluster headache
b) Migraine
c) Tension headache

**83. You are supposed to keep a child NPO he's 25 kgs, how much you will give:**

a) 1300
b) 1400
c) 1500
d) 1600

**84. 32 years old lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper action?**

a) Bed rest for 7 to 10 days.
b) Traction
c) Narcotic analgesia
d) Early activity with return to work
e) CT scan for lumbosacral vertebrae

**85. Young male healthy, come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step?**

a) CT
b) MRI
c) US
d) Iodine study

**86. A young female patient who is an office worker presented with itching in the vagina associated with the greenish-yellowish vaginal discharge. Examination revealed red spots on the cervix. The diagnosis is:**

a) Trichomoniasis
b) Candidiasis
c) Gonorrhea
d) Gardnerella vaginalis

**87. An 18 years old male who was involved in an RTA had fracture of the base of the skull. O/E he had loss of sensation of the anterior 2/3 of the tongue & deviation of the angle of the mouth. Which of the following nerves is affected?**

a) I (Olfactory)
b) III (Occulomotor)
c) V (Trigeminal)
d) IV (Abducens)
e) VII (Facial)

**88. All of the following suggest acute appendicitis except:-**

a) fever 38.1
b) anorexia
c) vomiting
d) umbilical pain shifting to right LQ
e) Pain improved with sitting & learning foreword

**89. Child has 39 fever, red tonsils with no exudate , slightly enlarged LN but not tender**

a) Could be viral or bacterial
b) It is unclear so start antibiotic
c) It is more likely viral
d) It is more likely bacterial
e) It is EBV

**90. Best diagnostic tool in acute diverticulitis:**

a) **CT**
b) Barium enema
c) colonoscopy
d) sigmoidoscopy

**91. 17 years old, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:**

a) Give her double dose vaccine
b) Give her the second dose only
c) Revaccinate from start
d) See if she has antibody and act accordingly

**92. All of the following drugs contraindicated in G6PD deficiency, EXCEPT :-**

a) Aspirin
b) Nitrofurantoin
c) Chlorquine
d) Sulphonamide
e) Gentamycin

**93. All are primary prevention of anemia except:**

a) health education about food rich in iron
b) iron fortified food in childhood
c) limitation of cow milk before 12 month of age
d) Genetic screening for hereditary anemia
e) Iron, folic acid supplement In pregnancy and postnatal

**94. Child, ingested acoustic  material, looks ill and drooling what is your immediate action:**

a) Antibiotics
b) Endoscopy
c) Chelating agent
d) Airway assessment

**95. The strongest type of epidemiological studies is:**

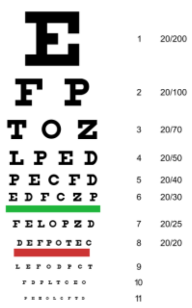
a) Prospective cohort studies
b) Retrospective control case studies
c) Cross sectional
d) Time line

**96. Heavy smoker came to you asking about other cancer, not Lung cancer,  that smoking increase its risk:**

a) Colon
b) Bladder
c) Liver

**97. Pic of Snellen's Chart : a person should stand at a distance of :**

a) 6 meters.
b) 12 meters
c) 10 meters



**98. In new born ,the following needs immediate treatment:**

a) asymptomatic Hydrocele
b) Erupted tooth
c) Absent femoral pulse

**99. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;**

a) Enuresis
b) Insomnia

**100. What is the agent of choice in reversing heparin induced over anticoagulation causing life threatening bleeding:**

a) FFP
b) Protamine sulphate
c) Vitamin K
d) Prothrombin complex concentrate
e) Traneximic acid

# Answers

| QUESTION | ANSEWR | QUESTION | ANSEWR | QUESTION | ANSEWR |
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| 6 | B | 39 | A | 72 | B |
| 7 | A | 40 | C | 73 | B |
| 8 | A | 41 | C | 74 | C |
| 9 | C | 42 | A | 75 | E |
| 10 | A | 43 | D | 76 | D |
| 11 | B | 44 | C | 77 | A |
| 12 | B | 45 | B | 78 | A |
| 13 | D | 46 | B | 79 | B |
| 14 | C | 47 | B | 80 | D |
| 15 | A | 48 | E | 81 | C |
| 16 | B | 49 | C | 82 | B |
| 17 | C | 50 | A | 83 | D |
| 18 | A | 51 | C | 84 | A |
| 19 | B | 52 | B | 85 | C |
| 20 | A | 53 | C | 86 | A |
| 21 | D | 54 | C | 87 | C |
| 22 | A | 55 | B | 88 | E |
| 23 | B | 56 | C | 89 | C |
| 24 | B | 57 | C | 90 | A |
| 25 | C | 58 | C | 91 | B |
| 26 | C | 59 | A | 92 | A |
| 27 | C | 60 | D | 93 | D |
| 28 | D | 61 | A | 94 | D |
| 29 | B | 62 | B | 95 | A |
| 30 | B | 63 | B | 96 | B |
| 31 | A | 64 | C | 97 | A |
| 32 | B | 65 | A | 98 | C |
| 33 | B | 66 | A | 99 | A |
| | | | | 100 | B |

# SMSE PRE TEST 3

1. **What is the most important factor in attempt of successful cessation of smoking is?**
   a) The pharmacological agents used in the smoking cessation program.
   b) The smoker's desire to stop smoking
   c) Frequent office visits.
   d) Physician's advice to stop smoking
   e) Evidence of hazards of smoking

2. **Organophosphorus poisoning, what is the antidote:**
   a) Atropine
   b) Physostigmine
   c) Neostigmine
   d) Pilocarpine
   e) Endrophonium

3. **Best investigation to visualize the cystic breast masses is:**
   a) MRI
   b) CT
   c) Mammogram
   d) US

4. **Patient present with high blood pressure (systolic 200),tachycardia, Mydriasis "Dilated pupils", sweating what is the toxicity:**
   a) Antichlenergic
   b) Sympathomimetic drug
   c) Tricyclic antidepressant
   d) Organophosphorous compounds

5. **Child was playing and felt in the toy, his leg rapped and twisted he don't want to walk since yesterday:?**
   a) Ankle tissue swelling
   b) Chiptibial fracture
   c) Spiraltibial fracture
   d) Femur neck of the tibia fracture

6. **Before giving influenza vaccine , you should know if the patient allergy to which substance**
   a) Shellfish
   b) Egg

7. **Normal daily caloric intake is :**
   a) 0.3 kcal/kg
   b) 1.3 kcal/kg
   c) 2.0 kcal/kg
   d) 3.5 kcal/kg
   e) 35 kcal/kg

8. **The most lethal injury to the chest is**
   a) Pneumothorax
   b) Rupture aorta
   c) Flail chest
   d) Cardiac contusion

**9. One of the following is component of TOF?**

a) ASD
b) VSD
c) Lt ventricular

**10. Lady, computer programmer developed bilateral tingling sensation of hands, +ve tinel test, mx include splintage of both hands in which position**

a) Plantoflexion.
b) Extension
c) Abduction
d) Dorsiflexion

**11. Which of the following would most likely indicate a hemolytic transfusion reaction in an anesthetized patient**

a) Shaking chills and muscle spasm
b) Fever and oliguria
c) Heperpyrexia and hypotension
d) Tachycardia and cyanosis
e) Bleeding and hypotension

**12. Gestational diabetes is associated with an increased risk of all of the following EXCECPT:**

a) Cesarean section
b) Shoulder dystocia
c) Intrauterine growth restriction
d) Fetal macrosomia
e) Intrauterine fetal death

**13. A child presented with sore throat and fever. She had history of impetigo and was resolved completely during an appropriate course of antibiotic, ASO titer was positive. The same antibiotic was prescribed to her condition, and the proper duration for such case is**:

a) 5 days
b) 7 days.
c) 10 days. (Answered by Pediatric ID consultant)

**14. Which of the following combination is safe:**

a) alcohol and metronidazole
b) Digoxin and Amiodarone
c) Warfarin and propranolol
d) Furosemide and gentamicin

**15. Diffuse abdominal pain “in wave like” and vomiting. The diagnosis is:**

a) Pancreatitis
b) Appendicitis
c) Bowel obstruction
d) Cholelithiasis

**16. Mother who is breast feeding and she want to take MMR vaccine what is your advice :**

a) Can be given safely during lactation
b) Contain live bacteria that will be transmitted to the baby
c) Stop breast feeding for 72 hrs after taking the vaccine

**17. Nasal decongestant (Vasoconstrictive) can cause:**
a) Rhinitis sicca
b) Rebound phenomena
c) Nasal septal perforation

**18. An old man undergoing brain surgery and on aspirin. He needs prior to surgery:**
a) vitamin K Parenterally
b) vitamin K orally
c) delay surgery for 2 days
d) Delay surgery for 2 weeks

**19. 48 year old woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:**
a) **Acute cholecystitis**
b) Acute appendicitis
c) Perforated peptic ulcer
d) Acute pancreatitis

**20. All cause recent loss of weight , except:**
a) AIDS
b) Cancer
c) Nephritic syndrome
d) Kwashiorkor

**21. Normal pregnancy in the 2nd trimester is characterized by all of the following EXCEXPT:**
a) Elevated fasting plasma glucose
b) Decreased fasting plasma glucose
c) Elevated postprandial plasma insulin
d) Elevated postprandial plasma glucose
e) Elevated plasma triglycerides

**22. 3 months Child with low-grade fever, wheezing. CXR shows hyperinflation and some infiltrate what's the diagnosis?**
a) CROUP
b) Epiglottitis
c) Bronchial asthma

**23. Not true about hypoklemia :**
a) ST changes
b) Happened in hyperosmoler non ketotic
c) PR changes
d) All true

**24. City with 1500 persons, no of 105 births, 5 are stillbirths, 4 die at first month, 2 die before age of one year, perinatal mortality?**
a) 4
b) 5
c) 6
d) 8
e) 9

**25. 4 years old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract and drusen with irregular pigmentations. No macular edema or neovasculirization. The appropriate action beside antioxidants and Zn is:**

a) Refer the patient for emergency laser therapy
b) See the patient next month
c) Refere the patient for cataract surgery
d) No need to do anything

**26. 43 years old female patient presented to ER with history of paralysis of both lower limbs and parasthesia in both upper limbs since 2 hours ago, she was seen lying on stretcher & unable to move her lower limbs (neurologist was called but he couldn't relate her clinical findings 2 any medical disease !!! ) when history was taken , she was beaten by her husband … the most likely diagnosis is :**

a) Complicated anxiety disorder
b) Somatization disorder
c) Conversion disorder
d) Psychogenic paralysis
e) Hypochondriasis

**27. Patient came with pitting edema grade 1, where is fluid will accumulate:**

a) Arteriole
b) Veniole
c) Interstitial
d) Capillary

**28. Progestin only contraceptive pills:**

a) Suppress ovulation
b) Increase cervical mucous
c) Associated with increased incidence of breakthrough bleeding
d) May cause Menorrhagia

**29. About positive predictive value :**

a) Correlation between those of high risk and have the disease
b) Correlation between those of low risk and have the disease
c) Correlation between those of high risk and not have the disease

**30. Pediatric patient from developing country presented with muscle wasting, weight loss and absent edema. What is the diagnosis:**

a) Marasmus
b) Kwashiorkor
c) Muscle wasting syndrome

**31. All of the following antihypertensive medications are considered safe for short term use in pregnancy except:**

a) Captopril
b) Methyldopa.
c) Hydralazine.
d) Nifedipine.
e) Labetalol

**32. Regarding Paracetamol toxicity:**

a) Not toxic if dose exceed 150-180 mg
b) Cause vomiting and neuropathy
c) Therapeutic effect after 4 hours
d) Use Deferoxamine
e) The liver enzyme reaches the max. Level 4-6 hours after ingestion

**33. Paraplegia patient with ulcer in lower back 2+2 cm and lose of dermis and epidermis these ulcer in stage**

a) I
b) II
c) III
d) IV

**34. The maximum dose of ibuprofen per day is**

a) 800
b) 1600
c) 3000
d) 3200

**35. Patient with cystic nodule (acne) and scars, what is the best treatment?**

a) Retinoin.
b) Erythromycin.
c) Doxycyclin

**36. Most serious symptom of CO poisoning is:**

a) Hypotension
b) Arrhythmia
c) Cyanosis
d) Seizure

**37. The most common presenting symptom of ectopic pregnancy is:**

a) Profuse vaginal bleeding.
b) Abdominal pain
c) Syncope.
d) Dyspareunia.

**38. Child complaining of fever, sore throat all examination was normal What is the treatment?**

a) Cefuroxime
b) Ceftriaxone
c) Give paracetamol and take pharynx swab

**39. Patient with over dose medication. he is in coma and absent gag reflex treatment:**

a) Intubation
b) Naloxone IV
c) Flumazenil IV

**40. Which drug is contraindicated in Acute cholecystitis :**

a) Naproxen
b) Acetaminophen
c) Morphine

**41. Best food in travelling is:**
- a) Boiling water
- b) Water
- c) Ice
- d) Partial cooked fish and meat

**42. newborn Apgar score 3 (cyanotic, limp, decrease breathing, HR less than 60) your action:**
- a) Volume expansion
- b) Chest expansion
- c) Ventilation
- d) Bicarbonate
- e) Warm & dry

**43. Most common cause of otorrhea:**
- a) Cholesteatoma
- b) Acute otitis media
- c) Leakage of cerumen
- d) Eustachian tube dysfunction

**44. Women complain of non-fluctuated tender cyst for the vulva. came pain in coitus & walking , diagnosed Bartholin's cyst, what is the treatment?**
- a) incision & drainage
- b) Refer to the surgery to excision (after you reassure her)
- c) Reassurance the patient
- d) Give AB

**45. Regarding screening for cancer, which of the following is true?**
- a) Screening for cervical cancer had decreased in recent years
- b) Screening for breast cancer had decreased in recent years
- c) Screening for Colorectal cancer is inadequate for the high-risk groups
- d) Screening for lung cancer has reduced the mortality rate of lung cancer
- e) Screening for tobacco use is now adequately done by health professionals

**46. Delusion**
- a) Perception of sensation in absence of an external stimulus
- b) Misinterpretation of stimulus
- c) False belief not in accordance of a persons culture

**47. Young boy presented to the ER with inguinal mass, pain and vomiting. O/E the mass is tender to touch, erythematous skin over scrotum, (blue dotes) in the pole of testis, intact cremasteric reflex ,Dx**
- a) Testicular torsion
- b) Testicular hematoma
- c) Incarcerated hernia
- d) Torsion appendix of testis

**48. Normal child, he want to walking, he have brother dead after walking, what of the following must be excluded before walking?**
- a) PDA
- b) VSD
- c) Hypertrophic cardiomyopathy

**49. Child presented with jaundice, vomiting, hepatomegaly..etc. What hepatitis virus is more likely to be the cause:**

a) A
b) B
c) C

**50. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:**

a) Staph. Aureus
b) Chlamydia
c) Klebsiella
d) Mycoplasma

**51. During blood transfusion , the patient develop fever and pain at infusion site – your action :**

a) Slow infusion+antibiotic
b) Slow infusion + acetaminophen
c) Stop infusion + crystalloid fluid
d) Stop infusion+ monitor +acetaminophen

**52. Most difficult method to prevented in transmission:**

a) Person to person
b) Vector
c) Droplet
d) Air-borne

**53. 100% O2 given for prolonged periods can cause all except:**

a) Retrosternal Pain
b) Seizures
c) Depression
d) Ocular Toxicity

**54. Secondary amenorrhea :**

a) Due to gonadal agenesis
b) Sheehan's syndrome
c) It is always pathological

**55. Patient complains of diplopia, weakness, and frequent aspiration pneumonia in last 2 months. On examination there is spasticity and fasciculation DX?**

a) Myasthenia gravis
b) Myasthenia syndrome
c) Motor neuron disease

**56. Female presented to ER with HCL burn on her face there was partial thickness burn management:**

a) Irrigation with water
b) Irrigation with soda bi carb
c) Immediate debridement

**57. He can sit without assistant, Stand after catching the furniture, say "dada" and uses pincer grasp, what's his old?**

a) 6 month
b) 8 month
c) 12 month
d) 18 month

**58. One of the following condition does not cause hypokalemia:**
a) Metabolic alkalosis
b) Furosemide
c) Hyperaldosteronism
d) Acute tubular necrosis
e) Diarrhea

**59. What is the best diagnostic test for maxillary sinusitis:**
a) CT scan
b) X ray
c) Torch examination
d) MRI
e) US

**60. Male patient has hair loss started as fronto-temporal and moving toward the vertex (top of the head) the diagnosis is:**
a) Androgenic alopecia
b) TineaCaptus

**61. Newborn with 300 bpm , with normal BP , normal RR , what do you will do for newborn : (atrial flutter)**
a) Cardiac Cardiversion
b) Verapamil
c) Digoxin
d) Diltzam IV

**62. A male presented with headache, tinnitus and nausea thinking that he has a brain tumor. He had just secured a job in a prestigious company and he thinks that he might not meet itsstandards. CNS exam, CT all within normal. What is the Diagnosis :**
a) Generalized Anxiety disoreder
b) Hypochondriasis
c) Conversion reaction
d) Panic attack

**63. Clonidine [α2-agonist] decrease the effect of :**
a) Benzotropin
b) levo dopa
c) rubstin
d) Amitriptyline

**64. The drug which is used in seizures of eclamptic origin ( pre eclampsia )**
a) Magnesium sulfate
b) Diazepam
c) Phenytoin
d) Phenobarbital

**65. High risk for developing colon cancer in young male is:**
a) Smoking, high alcohol intake, low fat diet
b) Smoking, low alcohol intake, high fat diet
c) Red meat diet, garden’s disease (Gardner syndrome)
d) Inactivity, smoking

**66. Child newly diagnosed with asthma and allergy to dust mite what u will advise his parent?**

a) Advice to remove all the carpet and rugs
b) Cover his bed and bellow with impermeable cover
c) Wash the clothes and linen in hot water
d) Humid house with 80 % humidity
e) Cooling clothes

**67. Patient on glaucoma medication for weeks came with SOB, cough the cause**

a) Timolol
b) Betoxolol
c) Pilocarpin

**68. 9 years old female presented to ER after ingestion almost 20 tablets of OCP and 3 tablets of another medication. She is clinically stable and there was no signs and symptoms. What will you do:**

a) Refer her to gynecologist.
b) Refer her to psychiatrist
c) Toxicology study
d) No need for intervention.

**69. Drug of choice for a schistosomiasis is:**

a) Praziquantel
b) Oxaminiquine
c) Artemether

**70. The most important factor in the development of spinal headaches after spinal anesthesia is :**

a) The level of the anesthesia
b) The gauge of the needle used
c) The closing pressure after the injection of tetracaine
d) Its occurrence in the elderly
e) The selection of male patients

**71. In a study they are selecting the 10th family in each group, what is the type of study?**

a) Systemic study
b) Non randomized study
c) Stratified study

**72. 48 years old man with pyloric stenosis with severe vomiting comes into the hospital, there is marked dehydration, and the urine output 20 ml/hour. HCT 48, BUN 64mg, HCO3 –33mEq/l, Cl 70 mEq/l, and K 2.5 mEq/l. The predominant abnormality is :**

a) Aspiration pneumonia
b) Hypochloremic alkalosis
c) Salt-losing enteropathy
d) Intrinsic renal disease
e) Metabolic acidosis

**73. Sodium amount in Normal Saline [ 0.9% NaCl ] :**

a) 75 mmol
b) 90 mmol
c) 154 mmol
d) 200 mmol

**74. Shoulder pain most commonly due to**

a) Infraspinatus muscle injury
b) Referred pain due to cardiac ischemia
c) In acute cholecystitis
d) Rotator cuff

**75. Likelihood ratio of a disease incidence is 0.3 mean**

a) Large increase
b) Small increase
c) No change
d) Small decrease
e) Large decrease

**76. Mass in the upper back with punctum and releasing white frothy material**

a) It must be removed as a whole to keep the dermis intact
b) It's likely to be infected and antibiotic must be given before anything
c) Steroid will decrease its size
d) It can be treated with cryotherapy

**77. Patient with hypertension, renography shows right kidney 14 cm left kidney 7 cm..Arteriogram shows renal artery stenosis in left. What to do next??**

a) Arteriogram
b) Renogram
c) CT scan
d) Biopsy

**78. Adult Polycystic kidney mode of inheritance :**

a) Autosomal dominant.
b) Autosomal rescessive
c) X linked Dominant

**79. Patient exaggrat his symptom when people around :**

a) Somatization
b) Malingering
c) Depression

**80. All of the following are signs of malignant thyroid except :**

a) Irradiation to the head and neck
b) Fixity to tissues
c) Multiple nodules

**81. 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:**

a) Claw hand defect
b) Wrist drop
c) Sensory deficit only.
d) Inability to oppose the thumb to other fingers
e) The inability to flex the metacarpophalangeal joint

**82. Which of the following is appropriate method to prevent brucellosis**

a) Killing the vectors
b) Prophylactic antibiotics
c) Pasteurization of the milk

**83. The most common causes of precocious puberty**

a) Idiopathic
b) Functional ovary cysts
c) Ovary tumor
d) Brain tumor
e) Adenoma

**84. Ischemic leg:**

a) Golden periods 4-16 hrs
b) Nerves are first structure to be damage
c) Angiogram is done in all patient
d) Parasthesia patient are more critical than those with pain

**85. Comparing the prospective and retrospective studies, all are true except:**

a) Retrospective are typically more biased than prospective
b) Retrospective studies are typically quicker than prospective
c) Prospective allocation of person into group depends on whether he has the disease or not.
d) Prospective costs more than retrospective.
e) Effect is more identifiable in prospective.

**86. 27 years old man have asymmetric oligoarthritis involve Knee & elbow, painful oral ulcer for 10 years. he came with form of arthritis , mild abdominal pain ,, dx is:**

a) Behcets diseased
b) SLE
c) Regional enteritis
d) Ulcerative colitis
e) Wipples disease

**87. 15 years old boy with dark urine, dark brown stool, positive occult test, what to do?**

a) Abdomen ultrasound
b) X-Ray
c) Barium
d) Isotope scan

**88. 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommendation :**

a) Advise him to exercise
b) Stop smoking
c) Wear sunscreen

**89. Cover one eye onother go laterally?**

a) Strabismus
b) Ambylobia
c) 3rd nerve palsy

**90. The most common cause on chronic interrupted rectal bleeding is:**
a) Diverticulosis
b) Hemorrhoids
c) Angiodysplasia

**91. A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:**
a) Give Augmentin.
b) Suture the wound.
c) Give tetanus shot.
d) Send home with close observation and return in 48 hours.

**92. Which of the following describes the end of the early inflammatory phase :**
a) Formation of scar.
b) Formation of ground base of collagen.
c) The end of angiogenesis

**93. Complication of laparoscopic cholecystectomy all except:**
a) Bile leak
b) Persistent pneumoperitonium
c) Shoulder tip pain
d) **Ascites**
e) Supraumbilical Incisional hernia

**94. Patient have urethritis now com with left knee, urethral swap positive puss cell but negative for neisseria meningitides and chlamydia**
a) RA
b) Reiter's disease
c) Gonococcal

**95.** F**emale with negative pap smear you should advice to repeat pap smear every:**
a) 6 months
b) 12 months
c) 18 months
d) No repeat

**96. In ischemic heart disease**
a) Prevalence is the number of case discovered yearly
b) Incidence is new cases yearly
c) There is association between HTN & ischemic heart disease
d) Smoking is an absolute cause if IHD

**97. 70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:**
a) Fracture of distal ulna & displacement of radial head
b) Fracture of shaft of radius with displacement of head of ulna
c) Colle’s fracture
d) Fracture of scaphoid

**98. Fluoxetine half lif**

a) 1-4 days
b) 6-9

**99. A pediatric patient brought by her parents complaining of vaginal discharge, what is the cause:**

a) Foreign body
b) Gonorrhea
c) Trachomatis

**100. Central venous line for TPN, dr. order to give 2 units of packed RBCs and the nurse give it through CVL, after 2 hours patient become unconscious and comatose. What is the most common cause:**

a) Late complication of blood transfusion.
b) Electrolytes imbalance.
c) Hyponatremia.
d) Septic shock
e) Wrong cross match

# Answers

| QUESTION | ANSEWR | QUESTION | ANSEWR | QUESTION | ANSEWR |
|---|---|---|---|---|---|
| 1 | B | 34 | D | 67 | A |
| 2 | A | 35 | A | 68 | D |
| 3 | D | 36 | B | 69 | A |
| 4 | B | 37 | B | 70 | B |
| 5 | C | 38 | C | 71 | C |
| 6 | B | 39 | A | 72 | B |
| 7 | E | 40 | C | 73 | C |
| 8 | B | 41 | A | 74 | D |
| 9 | B | 42 | C | 75 | D |
| 10 | D | 43 | B | 76 | A |
| 11 | E | 44 | A | 77 | D |
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| | | | | 100 | B |

**You have worked very hard to get into medical school and to do well there. This is your last step. A great score on SMSE will mean that all of your professional dreams in medicine are about to come true. Success on SMSE will enormously influence what specialty and what kind of training program you match into. Your best bet is to invest the time and energy required to ensure you get a high score.**

**Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The members of this work have checked the answers. However, In view of the possibility of human error or changes in medical sciences, neither me or one of the members involved in this work warrants that the information contained herein is in every respect accurate or complete, and they disclaim all responsibility for any errors or omission or for the results obtained from use of the information contained in this work**

**As we know, there are always a number of new or experimental questions on each exam. We encouraged every one attended the exam to update us with the new questions to improve the quality of the future editions.**

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Good LUCK

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